



Questions?
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 FAX +1.866.768.2881
 EMAIL services@NATACS.aero
 MAIL 9400 Gateway Drive, Suite D, Reno, NV 89521

ORDER FORM for
 Background Check Services
 Effective December 30, 2022

SECTION A: COMPANY INFORMATION

1. Company Name		2. Client ID # <i>(required)</i>	
3. Address			
4. City	5. State	6. Postal Code	
7. Company Contact Name & Title		8. Email	
9. Direct Phone & Extension		10. Secured Fax Number	

SECTION B: EMPLOYEE / APPLICANT INFORMATION

1. Last Name	2. First Name	3. Middle Name
4. Address		5. Birthdate *
6. City	7. State	8. Postal Code
9. Position		10. Social Security Number *

SECTION C: REQUEST SERVICE TYPE (BACKGROUND CHECK PACKAGES)

1) 2 Year Drug & Alcohol History \$69.95 <ul style="list-style-type: none"> 2 Year DOT Drug & Alcohol History Check (Covers all DOT employers within 2-year period) 	2) Basic PRIA Package 2 & 3 \$199.95 <ul style="list-style-type: none"> National Driver Register 5 Year DOT Drug & Alcohol History Check Air Carrier Records Check 	3) DASSP Airman \$59.95 <ul style="list-style-type: none"> DASSP Airman File Check
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SECTION D: ADDITIONAL SERVICES

1. U.S. Employment Verification per employer 1 & 3	\$21.95	2. Motor Vehicle Driving Record Check 1 & 3	\$32.95
3. National Driver Register 2	\$49.95	4. Air Carrier Records Check per employer 3	\$35.95
5. FAA Certificate/License Check	\$29.95	6. 5 Year DOT Drug & Alcohol History Check per employer	\$39.95
7. FAA Accident, Incident and Enforcement (AIE) Report	\$59.95		

SECTION E: SERVICE REPORTS METHOD OF DELIVERY / NOTES

All forms, verifications and reports are posted on <https://info.NATACS.aero>. Company authorized contact may access via secured login.
¹ A **\$25.90 application-processing fee will be charged for web-enabled services per employee/applicant.**
² NDR documents with original signatures must be MAILED to NATACS for processing.
³ Direct pass-through expenses shall be invoiced.
 * If information has been previously entered into the system, only the last four digits of the SSN are required. If the employee/applicant is new to the system, the full SSN and birthdate are required.



2 Year Drug and Alcohol History Check (ref: 49 CFR Part 40.25b)
This section requires DOT-regulated operator to check the record of the new employees who were previously employed by a company subject to DOT regulations.

Part I

Section I: To be completed & signed by the employee/applicant

Section I: To be completed & signed by the employee/applicant
Section II: To be completed by new/existing employer
Section III: To be completed by the employee/applicant (on each DOT-regulated company going back 2 calendar years)
Section IV: To be completed and signed by previous DOT-regulated employer provided by employee in Section III.

PART I

I. EMPLOYEE/APPLICANT:

Employee Printed or Typed Name

Employee Social Security Number

1. I have been employed by one (or more) DOT-regulated company and subject to DOT regulations within the last 24 months. (Check one.)

[] Yes [] No

If "Yes", provide name(s) of DOT-Regulated employer(s) and complete the attached release form for each DOT-regulated company.

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

2. I have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. (Check one.)

Yes No

If "Yes", provide name of Substance Abuse Professional: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Employee/Applicant Signature

Date



2 Year Drug and Alcohol History Check (ref: 49 CFR Part 40.25b)
This section requires DOT-regulated operator to check the record of the new employees who were previously employed by a company subject to DOT regulations.

Part I

Section I: To be completed & signed by the employee/applicant

Part II

Section I: To be completed & signed by the employee/applicant
Section II: To be completed by new/existing employer
Section III: To be completed by the employee/applicant (on each DOT-regulated company going back 2 calendar years)
Section IV: To be completed and signed by previous DOT-regulated employer provided by employee in Section III.

Note: One form must be completed per previous DOT-covered employer:

PART II

I. EMPLOYEE/APPLICANT:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section III, to the employer listed in Section II. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section IV by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

(Signature)Employee/Applicant

(Print.Name)Employee/Applicant

DATE

II. NEW (or existing) EMPLOYER:

New Employer Name

Designated Employer Representative (if known)

Address

Phone #

Fax #

III. PREVIOUS EMPLOYER (ONE FORM PER PREVIOUS DOT-COVERED EMPLOYER FOR 2 YEARS PRIOR TO START DATE OF COVERED POSITION OR FROM AUGUST 1, 2001 - WHICHEVER IS LATER):

Previous Employer Name

Designated Employer Representative (if known)

Address

Phone #

Fax #

Section IV. To be completed by the previous employer and transmitted by FAX to NATACOMPLIANCE SERVICES +1.866.768.2881

IV. While employed ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A Yes No
Or No Records/Information available on Applicant/Employee

NOTE: If you answered "yes" to any of the above items, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).

Name of person providing information

Title

Phone #

Date