



Questions?
 CALL +1.703.842.5317
 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 # (required)	
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.

1. Ensure that you have registered your company to receive your username and password to enroll persons that must comply with the DASSP's Fingerprint-based Criminal History Records Check requirements. Register via www.NATACS.aero.
2. To undergo a check of the FAA records, the flight crewmember must complete the attached Request for Copy of Airman File and fax completed form to +1.866.768.2881. Cost to obtain Airman File is \$59.95. Payment to process and obtain FAA records must be made at time of order by either operator (employer) or flight crewmember.
3. Name-based security threat assessment shall be completed as part of the DASSP application process.

Attachments:

Background Check Order Form (For Operator/Employer to Complete)

Request for Airman File (For Airman to Complete)

Credit Card Authorization Form (For payment by either Airman or Operator. Request for File will not be process until payment is received.).

For questions or assistance, contact NATA Compliance Services +1.703.842.5317 or info@NATACS.aero.

**U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration
AIRMAN CERTIFICATION BRANCH, AFS-760**

**REQUEST FOR COPIES OF MY COMPLETE AIRMAN CERTIFICATION FILE TO BE
RELEASED TO A THIRD PARTY**

PRIVACY ACT: This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) is optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airman qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airman Information System.

Full Name (As it appears on airman certificate/Please print.)

Date of Birth

Place of Birth

(Social Security Number, Certificate Number, Class of Certificate)

(Current Street Address, Apt/Suite Number, PO Box/Rural Route Number)

City

State

Zip Code

Please mail my complete airman file to the following name and address:

NATA Compliance Services

9400 Gateway Drive, Suite D

Reno, NV 89521

FAX +1.866.768.2881

I authorize the Federal Aviation Administration to release copies of my complete airman file to the person or company listed above.

Signature (Typed or printed signature is not acceptable.)

Date