

NATA CS Order Form

SECTION A: COMPANY INFORMATION

Effective September 9, 2024

Company Name										Ν	IA	TA CS Clie	nt ID:			
Street Address																
City								State					Zip			
Company Admin Na	ame								Title							
Email										Ph	on	ne number				

SECTION B: EMPLOYEE / APPLICANT INFORMATION

First Name		Last Name				Middle Name	
Street Address							
City				State			
Zip Code		Country of	f Reside	ence			
Date of Birth		Social Sec	curity Nu	umber*			

SECTION C: BACKGROUND CHECK SERVICES

FAA Pilot Records Database Records Retrieval (per employee)**	\$99.95
FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database non-subscribers (<i>per employee</i>)	\$99.95
FAA Pilot Records Database New Record Entry (per page)**	\$5.00
FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database subscribers (<i>per employee</i>)	\$69.95
National Driver Register Check (NDR)	\$49.95
Drug & Alcohol History Records Request (per employer)	\$59.95
DASSP Airman File Check	\$59.95
Motor Vehicle Driving Record Check 1&2	\$32.95
FAA Certificate/License Check	\$29.95
FAA Accident, Incident and Enforcement (AIE) Report	\$59.95
U.S. Employment Verification (per employer) ^{1 & 2}	\$21.95

* If employee is already in the NATA CS platform, only the last four digits of the SSN are required.

** AirDock DOT & FAA Database subscription pricing applies.

¹ A \$25.90 application-processing fee will be charged for web-enabled services per employee/applicant.

² Direct pass-through expenses shall be invoiced.

If submitting by email, please send to services@natacs.aero.



- 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 <u>www.NATACS.aero</u>.
- 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 ap	pears on airman certificate/Please prir	nt.)							
Date of Birth	Date of Birth Place of Birth									
	(Social Security Numb	per, Certificate Number, Class of Certifi	icate)							
(Cu	rrent Street Address, A	pt/Suite Number, PO Box/Rural Route	Number)							
City		State	Zip Code							
Please mail my complete	e airman file to the fol	llowing name and address:								
	NAT	A Compliance Services								
	9400 Ga	ateway Drive, Suite D								
	Be	eno, NV 89521								
	FAX	+1.866.768.2881								
l authorize the Federal A company listed above. Signature (Typed or prin		on to release copies of my complete	airman file to the person or							