

Effective September 9, 2024

SECTION A: COMPANY INFORMATION

Company Name				NATA CS Client ID:	
Street Address					
City		State		Zip	
Company Admin Name			Title		
Email				Phone number	

SECTION B: EMPLOYEE / APPLICANT INFORMATION

First Name		Last Name		Middle Name	
Street Address					
City		State			
Zip Code		Country of Residence			
Date of Birth		Social Security Number*			

SECTION C: BACKGROUND CHECK SERVICES

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



Part I

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

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 2 years. (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: _____

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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

Instructions:

- in accordance with 49 CFR § 40.25 employers are required to request records from DOT-regulated companies where the employee worked in the previous two years.
- Part I - To be completed by the employer and signed by the employee-applicant
- Part II - To be completed by the previous employer

~ Part I ~

I authorize my previous employer, _____ at _____,
(Company Name) (Street Address)
_____, _____, _____ to release my U.S. Department of Transportation drug and
(City) (State) (Zip code)
alcohol testing records to c/o NATA Compliance Services at +1.866.768.2881,
(Designated Employee Representative) (Fax No.)
On behalf of _____,
(New Employer Name) (Air Carrier Certificate #)

I understand that this release complies with the requirements of DOT 49 CFR Part 40 §40.25 and FAA regulation 14 CFR Part 120; and is limited to the below DOT drug and alcohol 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 & alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): _____

Employee-Applicant Signature: _____ Date: _____

~ Part II ~

To be completed by the previous employer

Part II-A. While employed...

- Yes No 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 & alcohol testing regulations?
- Yes No 5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
- Yes No N/A 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

NOTE: If you answered "yes" to any of the above questions, 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.).

Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: _____ Title: _____

Phone Number: _____ Date: _____

Instructions:

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- Part I - To be completed by the employer and signed by the employee-applicant
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6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): _____

Employee-Applicant Signature: _____ Date: _____

~ Part II ~

To be completed by the previous employer

Part II-A. While employed...

- Yes No 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 & alcohol testing regulations?
- Yes No 5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
- Yes No N/A 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

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Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: _____ Title: _____
 Phone Number: _____ Date: _____

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5. Information obtained from previous employers of a drug & alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): _____

Employee-Applicant Signature: _____ Date: _____

~ Part II ~**To be completed by the previous employer****Part II-A. While employed...**

- Yes No 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 & alcohol testing regulations?
- Yes No 5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
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Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: _____ Title: _____

Phone Number: _____ Date: _____

Instructions:

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5. Information obtained from previous employers of a drug & alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): _____

Employee-Applicant Signature: _____ Date: _____

~ Part II ~

To be completed by the previous employer

Part II-A. While employed...

- Yes No 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 & alcohol testing regulations?
- Yes No 5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
- Yes No N/A 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

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Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: _____ Title: _____

Phone Number: _____ Date: _____

Instructions:

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5. Information obtained from previous employers of a drug & alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): _____

Employee-Applicant Signature: _____ Date: _____

~ Part II ~**To be completed by the previous employer****Part II-A. While employed...**

- Yes No 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 & alcohol testing regulations?
- Yes No 5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
- Yes No N/A 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

NOTE: If you answered "yes" to any of the above questions, 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.).

Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: _____ Title: _____

Phone Number: _____ Date: _____



Request For National Driver Register (NDR) File Check on Current or Prospective Employee

ACCOUNT #	48267
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Instructions:

1. All portions of this form must be filled out completely and legibly.
2. This form must be signed and notarized unless you have a valid DMV Record Inquiry Account that is qualified to receive personal information.
3. Mail this form to: **DMV, 1905 Lana Av. Salem OR 97314.**
4. Pursuant to Section 502 of the Pilot Improvement Act of 1996, if you are seeking employment with an air carrier as a pilot, this serves as a notice of a request for NDR information concerning your driving record and your right to a copy of such information.
5. This file check of the NDR will result in a printed report that will be sent only to the employer listed on this form. The report will indicate either (1) that the NDR does not contain a record matching your identification or (2) that the NDR has a probable identification (match) from the state(s) listed on the report.
6. A separate check of state files is required to (1) verify the identification or (2) obtain the driving record. It is the responsibility of the employer to obtain the state driver record(s) and to determine or verify that the record(s) belong to the employee.

Current or Prospective Employer to Receive the NDR Search Results

EMPLOYER OR AGENCY NAME C/O NATA Compliance Services		<input type="checkbox"/> Driver Employer	<input type="checkbox"/> Railroad Company	<input checked="" type="checkbox"/> Air Carrier
TO THE SPECIFIC ATTENTION OF:		SUBSCRIBER TELEPHONE (703) 842-5317		
MAILING ADDRESS: NUMBER AND STREET 9400 Gateway Dr. Suite D		FAX (866) 768-2881		
CITY, STATE AND ZIP CODE Reno, NV 89521				

Driver Information

DRIVER'S (EMPLOYEE OR PROSPECTIVE EMPLOYEE) FULL LEGAL NAME (FIRST, MIDDLE AND LAST)
OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)
DRIVER LICENSE NUMBER AND STATE
DATE OF BIRTH (MONTH - DAY - YEAR)

EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or agency listed above on this form. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspensions or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form.

DRIVER'S SIGNATURE (EMPLOYEE OR PROSPECTIVE EMPLOYEE)	DATE
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N O T A R Y	State of _____
	County of _____
	This instrument was acknowledged before me on _____, 20____
	by _____,

Notary Public - State of _____	