

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>) ¹ | \$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>) ¹ | \$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 ^{3 & 4} | \$32.95 |
| <input type="checkbox"/> | FAA Certificate/License Check | \$29.95 |
| <input type="checkbox"/> | FAA Accident, Incident and Enforcement (AIE) Report ² | \$59.95 |
| <input type="checkbox"/> | U.S. Employment Verification (<i>per employer</i>) ^{3 & 4} | \$21.95 |

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

¹ AirDock DOT & FAA Database subscription pricing applies.

² If ordering PRD Retrieval service, this check is automatically included.

³ A \$25.90 application-processing fee will be charged for web-enabled services per employee/applicant.

⁴ Direct pass-through expenses shall be invoiced.

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



ORDER FORM
FAA PILOT RECORDS DATABASE (PRD) –
PILOT RECORDS REQUEST

Employer:

Employee Full Name:

Airmen Certificate Number:

PILOT RECORDS DATABASE REGISTRATION & CONSENT:

Ensure the steps outlined below have been completed

Step 1: Complete your registration as a pilot user for the Pilot Records Database (PRD)

If you have already completed this step, move to step 2. If you have not completed your registration as a pilot user for the Pilot Records Database (PRD), please follow the steps lined out on the attached document titled "PRD First Time User Registration".

Step 2: Grant consent to this aircraft operator to view your records within the Pilot Records Database (PRD)

If you have already completed this step, no further action is needed. If you not granted consent to this aircraft operator to view your records within the Pilot Records Database (PRD), please follow the steps lined out on the attached document titled "How to release your pilot records to a potential employer using the Pilot Records Database (PRD)".

If you have questions about the PRD or need technical assistance, please email the PRD support office at 9-amc-avs-PRDSupport@faa.gov

Rev 1 20240822

PRD First Time User Registration



Federal Aviation Administration

The purpose of this document provides guidance on how to gain access to the FAA's Internal Network.

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Getting Started



Note: Users must have a FAA MyAccess account in order to log into the PRD application. FAA MyAccess manages user IDs and security questions to control access. In addition, external users must go through an initial registration and approval process to be accorded an active role within the PRD External application. For help with External MyAccess procedure please see the corresponding Job Aid.

First Time User Registration

To submit a PRD External application registration request complete the following steps.

- 1) From your web browser please type <https://www.prd.faa.gov>.
- 2) Select “**Register as a New Pilot User**”.

The screenshot shows the FAA website's 'Regulations & Policies' section. The main heading is 'Pilot Records Database (PRD)'. Below this heading is a blue button labeled 'Sign into Pilot Records Database (PRD)'. Underneath the button, there is a red-bordered box containing the text 'Register as a New Pilot user'. To the right of the button, there is a link for 'Register as a New Air Carrier or Operator user'. Below the button and link, there is a paragraph of text describing the PRD as the FAA's online system for providing pilot records to hiring air carriers or operators. To the left of the main content, there is a sidebar with various links like 'Advisory Circulars (ACs)', 'Airworthiness Directives (ADs)', etc. To the right, there is a 'Top Tasks' section with links like 'Look up FARs', 'Find recently published rulemaking documents', etc.

If You Do Not Have an FAA User Account



Note: If you do not have a FAA MyAccess user account, follow the procedure in the External MyAccess Job Aid.

If You Have an FAA User Account

3) MyAccess page will appear.

a) For FAA Employees who have a PIV card, click “**Agree & Continue**” on the left side.

b) For external users, enter the email address that you gave when setting up your External MyAccess then click “**Agree and Continue**” on the right side.

A screenshot of the MyAccess sign-in page. The page header includes the United States Department of Transportation logo and the MyAccess logo with the tagline "What is MyAccess?". The main heading is "Sign In". Below this, a paragraph explains that signing in grants access to participating applications. The page is split into two columns. Column (a) is for "DOT Employees and Contractors Use Your PIV Card" and shows a sample PIV card for "SMITH JOHN, K." with an "Agree & Continue" button highlighted in red. Column (b) is for "Use Your Email Address*" and features an email input field and an "Agree & Continue" button highlighted in red. A red vertical line separates the two options. A footnote at the bottom explains that federal personnel use their federal email address, while external users use their registration email. A "Register here" link is provided for external users.

4) Confirm your account.

a) For FAA Employees that have a PIV card, select “**Continue**”.

b) For external users enter the temporary access code provided to you in the email you received and click “**Continue**”.

A screenshot of the MyAccess "Confirm Your Account" page. The header is the same as the sign-in page. The heading is "Confirm Your Account". A paragraph states that registration is required before signing in. Below this, instructions ask the user to enter either a PIV card serial number or an email access code. There is an "Access Code" input field with a red box around it and a "Continue" button with a red arrow pointing to it. To the right, a sample PIV card is shown with a red circle around the "Access Code" field on the back. A "Help Desk Information" link is located at the bottom right.

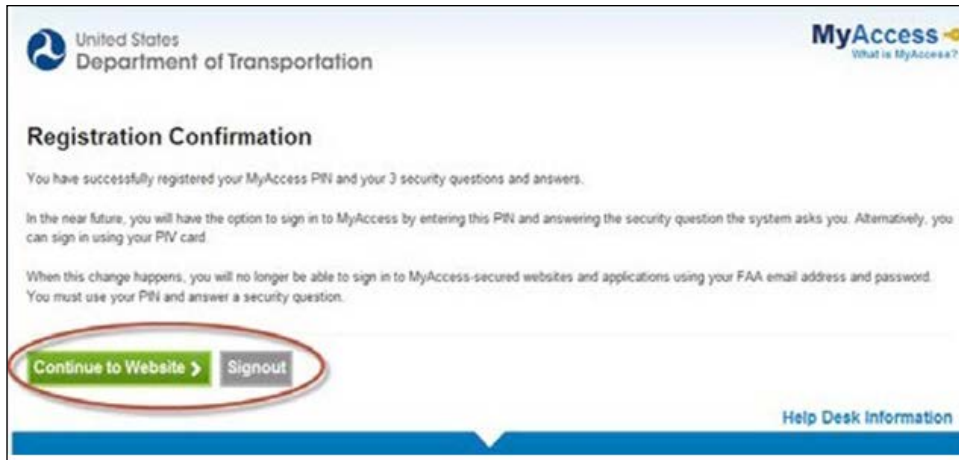
5) Create a MyAccess PIN number by entering a 6-8 digit number. Confirm your MyAccess PIN number by re-entering it, and clicking “**Continue.**”



Note: Your MyAccess PIN Number CAN be the same as your PIV Card PIN number. However, your MyAccess PIN number is not associated with your PIV Card PIN number.

6) Select a Security Question from each of the drop-down boxes and provide an answer to each question. Click “**Save**” to proceed.

7) Once the information you provide is validated, you will receive the following confirmation. Select “**Continue to Website**” to proceed.



First Time Register For Roles



Note: First time users need to register and sign up for roles. There are two roles: one for Airmen and one for Air Carriers. Below is what will appear on the screen during this process.

1) Enter your First Name, Middle Name, Last Name, Certificate Number and Certificate Date of Issue EXACTLY as they appear on your most recent certificate. Click the “**Submit**” button.



Note: Your FAA Access ID is displayed as Read Only.

2) The next page is displayed if the credentials entered are validated against the data in the Comprehensive Airman Information System (CAIS) database.



Note: If the Pilot record is not found, a message is displayed indicating that the data cannot be validated, please try again.

3) Several fields on this page will be auto-populated based on the entries and the data in the CAIS database. Enter your phone number, mobile number, and fax number in the appropriate fields. Select “**Submit**”.



Note: Only your primary phone number and email address are required. The email address that is entered will be the one used for all notifications from the PRD application.

The screenshot shows the 'Pilot Records Database' registration page. At the top left is the FAA logo and the text 'Federal Aviation Administration'. The page title is 'Pilot Records Database'. Below the title is a welcome message: 'Welcome to the Pilot Records Database Airman First Time User Registration.' The registration form contains the following fields and values:

| | | | |
|---------------|-----------------------|---------------|----------------------|
| User Name: | TST624291067 | Role: | AIRMAN |
| User Status: | Active | | |
| * First Name: | LUIS | * Last Name: | SWANSON |
| * MiddleName: | O | Name Suffix: | -Select- |
| * Phone: | <input type="text"/> | Mobile Phone: | <input type="text"/> |
| * Email: | TST624291067@faa.fes! | Fax: | <input type="text"/> |

At the bottom of the form are two buttons: 'Submit' (highlighted with a red box) and 'Clear'.

4) If your registration data passes validation, the System Use Notice is displayed.

The screenshot shows a 'System Use Notice' dialog box. At the top, it says 'Warning -- Warning -- Warning' in red, followed by 'Only Authorized Users May Use This System' in red. The title is 'System Use Notice'. The main text reads: 'This is a Federal Aviation Administration (FAA) computer system. The FAA systems, including all related equipment, networks, and network devices (e.g., specifically including Internet access) are provided for the processing of official U.S. Government information. Intentionally accessing a protected Government computer without authorization or in excess of authority and as a result causing damage, recklessly or otherwise, will constitute a violation of Title 18, United States Code, Section 1030, Computer Fraud and Abuse Act (CFAA), and may be referred to the Federal Bureau of Investigation (FBI) for investigation and prosecution. Violations of the CFAA may also lead to both civil and criminal liability, including seeking monetary relief for economic damage. The FAA will monitor usage for violations of public laws, national information security policies, and agency policy. The FAA will also intercept, record, audit, read, copy, and disclose by and to authorized personnel for official purposes, including administrative, civil, and/or criminal investigations. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms. Continued use constitutes consent to monitoring for violation of Federal laws, national security policy, and agency computer policy. If you are not an authorized user of this system or do not consent to monitoring, exit this system now.'

At the bottom of the dialog box are two buttons: 'Accept' (highlighted with a red box) and 'Exit'.

For Official Use Only. Public availability to be determined under 5 U.S.C. 552

5) You must read the Notice and select the **Accept** button to proceed.

6) You have now completed the First time Pilot User Registration and ready to log into the PRD.

Support and Resources

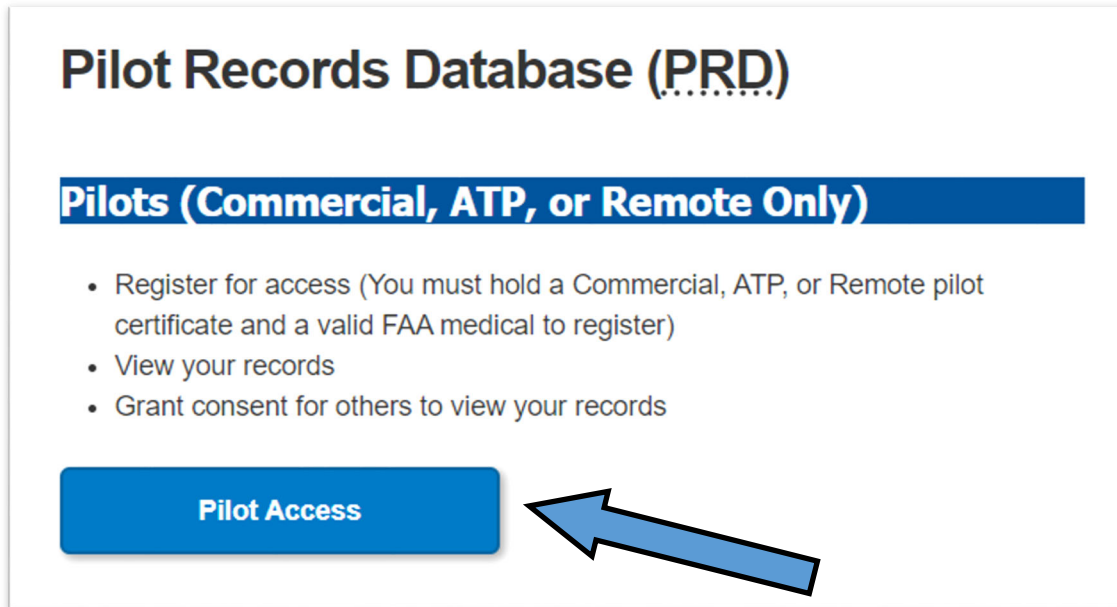


(844) FAA-MYIT
(844) (322-6948)
helpdesk@FAA.gov
MyIT.faa.gov



How to release your pilot records to a potential employer using the Pilot Records Database (PRD)

1) Visit prd.faa.gov and click on the "[Pilot Access](#)" button.

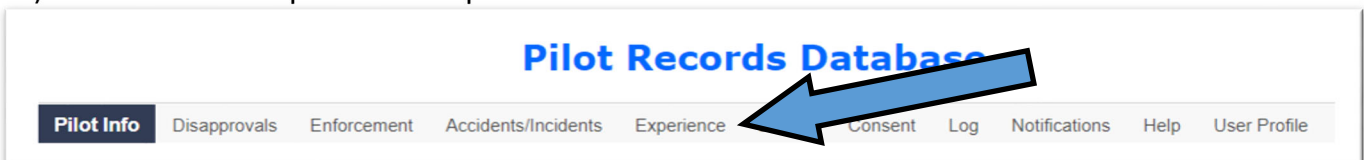


2) Login via your MyAccess account or [create a new one](#) if you don't already have one. (See the Note at the end of this guide.)

3) Register in PRD if you have not already done so. Be sure to enter your *PILOT* certificate number and date of issuance; not any other certificate such as CFI. (See the Note at the end of this guide.)

4) Once in the PRD, you can review the information contained in the PRD for you.

5) Click on the "Experience" option from the menu bar.



6) Enter your current and/or former employers for which you were employed as a pilot within the previous five years, at a minimum. Select an employer from the Employer list and if not found, click the "Add New Employer" button to manually enter the employer.

7) Click the "Consent" option from the menu bar.

8) Start typing the name of the employer and select it from the list when it appears. Be careful to enter the correct name. If not sure, ask the employer what to select.

9) Specify how many days to release the records then press “Grant Consent”. Let the employer know the records are available via the PRD.

Note: If you cannot access the PRD to grant consent for any reason, submit a [FAA Form 8060-14](#) to grant consent to the employer.

Support questions can be sent to PRDsupport@faa.gov.



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 or more, per the hiring company's policy. (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 or more, per the hiring company's policy. (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. Companies may request more than two years' worth per their company policy.
- 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)

- 2-Years
- More than 2 Years (please indicate how many, per your company policy): _____

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:

- 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. Companies may request more than two years' worth per their company policy.
- 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)

- 2-Years
- More than 2 Years (please indicate how many, per your company policy): _____

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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:

- 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. Companies may request more than two years' worth per their company policy.
- 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)

- 2-Years
- More than 2 Years (please indicate how many, per your company policy): _____

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:

- 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. Companies may request more than two years' worth per their company policy.
- 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)

- 2-Years
- More than 2 Years (please indicate how many, per your company policy): _____

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:

- 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. Companies may request more than two years' worth per their company policy.
- 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)

- 2-Years
- More than 2 Years (please indicate how many, per your company policy): _____

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: _____



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

| |
|---|
| ACCOUNT # <b style="font-size: 1.2em;">48267 |
|---|

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 |
|---|------|

| | |
|---|---|
| N O T A R Y | State of _____ |
| | County of _____ |
| | This instrument was acknowledged before me on _____, 20____ |
| | by _____, |
| _____ Notary Public - State of _____ | |