

## **NATA CS Order Form**

Rev. 20240912

Effective September 9, 2024

SECTION A	A: COMPANY	/ II	NFORMATION											,	
Company Name								NATA CS Client ID:							
Street Add	dress														
City											Zip				
Company Admin Name							Title	e							
Email			Phone number												
SECTION B: EMPLOYEE / APPLICANT INFORMATION															
First Name	е				Middle Name										
Street Address															
City			State												
Zip Code			Country of Residence												
Date of Bir	rth		Social Security Number*												
SECTION C: BACKGROUND CHECK SERVICES															
FAA	FAA Pilot Records Database Records Retrieval (per employee)**									\$99	9.95				
FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database non-subscribers (per employee) \$99.95									€9.95						
FAA Pilot Records Database New Record Entry (per page)**									\$5	5.00					
FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database subscribers (per employee)  \$69.95									€9.95						
Nat	National Driver Register Check (NDR) \$49.95									€9.95					
Dru	Drug & Alcohol History Records Request (per employer)									\$59	€9.95				
DAS	DASSP Airman File Check									\$59	9.95				
Mot	Motor Vehicle Driving Record Check 1 & 2										\$32	2.95			
FAA	FAA Certificate/License Check \$									\$29	9.95				
FAA	FAA Accident, Incident and Enforcement (AIE) Report									\$59	9.95				
U.S	U.S. Employment Verification (per employer) 1 & 2									\$21	1.95				

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

<sup>\*\*</sup> AirDock DOT & FAA Database subscription pricing applies

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

<sup>&</sup>lt;sup>2</sup> Direct pass-through expenses shall be invoiced



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

ACCOUNT #

48267

Rev. 20240925

## 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 nilot, this serves

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.

103	portsibility of the employer to obtain the state unver i	ccord(s) and to	determine of	verify that the record(s) belong to the employee.
	Current or Prospective Em	ployer to	Receive	the NDR Search Results
EMPLO	YER OR AGENCY NAME  C/O NATA Compliance Services		Driver Employ	yer Railroad Company X Air Carrier
ГО ТНЕ	ESPECIFIC ATTENTION OF:			SUBSCRIBER TELEPHONE (703) 842-5317
	g address: number and street 400 Gateway Dr. Suite D			FAX (866) 768-2881
,	TATE AND ZIP CODE eno, NV 89521			
	D	river Info	rmation	
DRIVER	R'S (EMPLOYEE OR PROSPECTIVE EMPLOYEE) FULL LEGAL N	NAME (FIRST, MID	DLE AND LAST	
OTHER	NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESS	SIONAL NAME, OTH	HER	
DRIVEF	R LICENSE NUMBER AND STATE			
DATE C	OF BIRTH (MONTH - DAY - YEAR)			
	OYEE UNDERSTANDING: I understand that the Nonly to the employer or agency listed above on this for		• ,	· · · · · · · · · · · · · · · · · · ·
applic take a	the NDR. I also understand that if convictions, suspectations or interviews, I might not be hired as a driver action on my driver license including suspension, can h of the NDR and any resulting reports to be sent to	or could lose n ncellation or re	ny job as a driv /ocation. I here	rer, and the State where I am licensed may also eby, with my signature, authorize a one-time file
DRIVEF	S'S SIGNATURE (EMPLOYEE OR PROSPECTIVE EMPLOYEE)			DATE
N	State of County of			
O T	This instrument was acknowledged before me on _		, 20	_
A	by		,	

Notary Public - State of