



Questions?  
CALL +1.703.842.5317  
FAX +1.866.768.2881  
EMAIL [services@NATACS.aero](mailto: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 #<br>(required) |  |
| 3. Address                         |  |          |  |                              |  |
| 4. City                            |  | 5. State |  | 6. Postal Code               |  |
| 7. Company Contact Name<br>& Title |  |          |  | 8. Email                     |  |
| 9. Direct Phone & Extension        |  |          |  | 10. Secured Fax<br>Number    |  |

#### SECTION B: EMPLOYEE / APPLICANT INFORMATION

|              |  |               |  |                              |                |
|--------------|--|---------------|--|------------------------------|----------------|
| 1. Last Name |  | 2. First Name |  | 3. Middle<br>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)

|                                                                                                                                                                                                     |                                                                                                                                                                                                                           |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>1) 2 Year Drug &amp; Alcohol History \$69.95</b> <ul style="list-style-type: none"><li>2 Year DOT Drug &amp; Alcohol History Check<br/>(Covers all DOT employers within 2-year period)</li></ul> | <b>2) Basic PRIA Package <sup>2 &amp; 3</sup> \$199.95</b> <ul style="list-style-type: none"><li>National Driver Register</li><li>5 Year DOT Drug &amp; Alcohol History Check</li><li>Air Carrier Records Check</li></ul> | <b>3) DASSP Airman \$59.95</b> <ul style="list-style-type: none"><li>DASSP Airman File Check</li></ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

#### SECTION D: ADDITIONAL SERVICES

|                                                                                  |                                                                           |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. U.S. Employment Verification per employer <sup>1 &amp; 3</sup> <b>\$21.95</b> | 2. Motor Vehicle Driving Record Check <sup>1 &amp; 3</sup> <b>\$32.95</b> |
| 3. National Driver Register <sup>2</sup> <b>\$49.95</b>                          | 4. Air Carrier Records Check per employer <sup>3</sup> <b>\$35.95</b>     |
| 5. FAA Certificate/License Check <b>\$29.95</b>                                  | 6. 5 Year DOT Drug & Alcohol History Check per employer <b>\$39.95</b>    |
| 7. FAA Accident, Incident and Enforcement (AIE) Report <b>\$59.95</b>            |                                                                           |

#### 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.

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

<sup>2</sup> NDR documents with original signatures must be MAILED to NATACS for processing.

<sup>3</sup> 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.



U.S. Department  
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## AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – AIR CARRIER AND OTHER RECORDS (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

### NOTICE

*Title 49 U.S.C. § 44703(h)(6) requires the person receiving a records request to notify the individual who is the subject of the request within 20 days after receiving the request, and further entitles the individual the right to receive a complete copy of all Air Carrier And Other Records furnished in response to the request within 30-days after receiving the request.*

*Title 49 U.S.C. § 44703(h)(7) allows for a reasonable charge for the cost of processing the request and furnishing copies of the requested records.*

### **PART I: AIRMAN NOTICE AND RIGHT TO RECEIVE COPY**

(Airman Name – First, Middle, Last)

(Airman Certificate Number)

Pursuant to 49 U.S.C. § 44703(h)(6), you are hereby notified that

(Air Carrier Name)

submitted an Air Carrier And Other Records Request (PRIA) dated,

(Air Carrier Certificate Number)

for your records as required under 49 U.S.C. § 44703(h)(1)(B), as amended.

(Date)

You are hereby notified of your right to receive a copy of any and all records furnished by the Air Carrier or Person in response to the aforementioned records request, and that you may request a copy of such records by checking yes, signing, and dating in Part II below. You are also notified that an air carrier that maintains, or requests and receives, the records of an individual under 49 U.S.C. § 44703(h)(1) shall provide you with a reasonable opportunity to submit written comments to correct any inaccuracies contained in the records. (See 49 U.S.C. § 44703(h)(9)).

### **PART II: AIRMAN REQUEST OR NON-REQUEST FOR RECORDS**

☐

YES, I want a copy of the furnished records.

☐

NO, I do not want a copy of the furnished records.

(Signature)

(Date)

(Not valid unless signed and dated)

\*Mailing address:

(\*Indicates required information. See Instructions: Part II, item 3)

Telephone:



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## **INSTRUCTIONS**

### **FAA FORM 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – AIR CARRIER AND OTHER RECORDS (PRIA)**

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

## **NOTICE**

**Request will not be deemed valid unless completed as specified below.**

This form may be photocopied for use.

This form is available at [http://www.faa.gov/pilots/lic\\_cert/pria/](http://www.faa.gov/pilots/lic_cert/pria/) or <http://forms.faa.gov/>

A separate form must be used for each airman whose records are requested.

### **Part I – *Airman Notice and Right To Receive Copy:* To be completed by the *Air Carrier* or *Person* receiving the *Air Carrier And Other Records Request (PRIA)*.**

**All entries must be completed legibly with black or dark blue ink.**

1. Airman's name and certificate number – enter the name and certificate number of the individual who is the subject of the request on FAA Form 8060-11, Air Carrier And Other Records Request (PRIA).
2. Air carrier name and certificate number – enter the name and certificate number of the air carrier making the request on Air Carrier And Other Records Request (PRIA).
3. Date – enter the date of the request listed on FAA Form 8060-11, Air Carrier And Other Records Request (PRIA).

### **Part II – *Airman Request or Non-Request For Records:* To be completed by *Airman/Applicant*.**

**All entries must be completed legibly with black or dark blue ink.**

1. YES or NO – check the appropriate box to indicate whether you DO or DO NOT want a copy of the records furnished. If requested, copies will be mailed to the mailing address provided.
2. Signature and date – sign in ink using your legal signature and enter the date.
3. **\*Mailing address -- This information is required to provide notice to the airman that a request for records has been received and of the airman's right to receive a copy of the records provided to the carrier**
4. Return completed copy to air carrier or person.

## ***PAPERWORK REDUCTION ACT STATEMENT***

Title 49 United States Code (49 U.S.C.) § 44703(h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703(h)(8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of Air Carrier and Other Records is 30 minutes. The requirement to collect and evaluate background information on the pilot, before allowing that pilot to begin service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.



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## AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

### NOTICE

*Request will not be deemed valid unless Parts I and II are completed as specified in the instructions.*

*Pursuant to 49 U.S.C. § 44703(h)(5), the Air Carrier, as a person who receives a request for records under 49 U.S.C. § 44703(h)(1)(B) shall furnish a copy of such requested records maintained by that person not later than 30 days after receiving the request.*

### **PART I: AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, hereby requests copies of  
(Air Carrier Name) (Air Carrier Certificate Number)  
records as required under 49 U.S.C. § 44703(h)(1)(B), as amended, pertaining to the airman consenting in Part II below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print – Air Carrier Representative) (Print—Title of Air Carrier Representative)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Air Carrier Representative)

Mail Records To: c/o NATA Compliance Services  
9400 Gateway Drive, Suite D  
Reno, NV 89521

Telephone: +1.703.842.5317 FAX: +1.866-768-2881

### **PART II: AIRMAN CONSENT FOR THE RELEASE OF RECORDS**

I \_\_\_\_\_, consent to and authorize my current or previous  
(Print – Airman's First, Middle, and Last Name)  
employer \_\_\_\_\_ to release records pertaining to  
(Print—Employer Name)  
me as required under 49 U.S.C. § 44703(h)(1)(B) to the air carrier named in Part I above.

Airman Certificate Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Not valid unless signed and dated)

\*Mailing address: \_\_\_\_\_

(\*Indicates required information. See Instructions: Part II, item 4)

Telephone: \_\_\_\_\_



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## INSTRUCTIONS

### **FAA FORM 8060-11, AIR CARRIER AND OTHER RECORDS REQUEST (PRIA)**

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air carriers **should** use this form to request records from current and/or past employers as contemplated under 49 U.S.C. § 44703(h).

### NOTICE

**Request will not be deemed valid unless Parts I and II are completed as specified below.**

**Pursuant to 49 U.S.C. § 44703(h)(5), a person who receives a request for records under 49 U.S.C. § 44703(h)(1) shall furnish a copy of all such requested records maintained by the person not later than 30 days after receiving the request.**

This form may be photocopied for use.

This form is available at [http://www.faa.gov/pilots/lic\\_cert/pria/](http://www.faa.gov/pilots/lic_cert/pria/) or <http://forms.faa.gov/>

A separate form must be used for each airman whose records are requested.

**DO NOT use this form to request Pilot Records from the Federal Aviation Administration.**

**Part I – *Air Carrier and Other Records Request (PRIA): To be completed by the hiring Air Carrier.***

**All entries must be completed legibly with black or dark blue ink.**

1. To – enter the address of the airman's previous employer. (Hiring air carrier may instruct the applicant to make this entry)
2. Name, title, and signature – enter the name, title, and signature of the person making the request on behalf of the air carrier.
3. Date – enter the date of the request.
4. Mailing address – provide a complete company mailing address to which the *air carrier* or *person* will mail the requested records.

**Part II – *Airman Consent For The Release Of Records: To be completed by Airman/Applicant.***

**All entries must be completed legibly with black or dark blue ink.**

1. Name – enter your name as it is shown on your airman certificate(s).
2. Airman Certificate Number – enter your airman certificate number(s). In parenthesis after the certificate number, indicate the type of certificate by using C (Commercial), A (Airline Transport Pilot), F (Flight Instructor) or G (Ground Instructor). If you have multiple certificates with the same certificate number, list the certificate number once and indicate the types of certificates in parenthesis. For example, if you hold an Airline Transport Pilot Certificate as well as Flight Instructor and Ground Instructor Certificates using the same number, you should indicate as follows: Certificate No. 456231234 (A, F, G).
3. Signature and Date – Sign in ink using your legal signature, then enter the date of the request.
4. **\*Mailing Address – This information is required to provide notice to the airman that a request for records has been received, and of the airman's right to receive a copy of the records provided to the requesting air carrier.**

### ***PAPERWORK REDUCTION ACT STATEMENT***

Title 49 United States Code (49 U.S.C.) § 44703(h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703(h)(8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of Air Carrier and Other Records is 30 minutes. The requirement to collect and evaluate background information on the pilot, before allowing that pilot to begin service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.



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 5 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:   
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. (Check one.)

☐ Yes ☐ No

If "Yes", provide name of Substance Abuse Professional:

Address:   
City, State, Zip:   
Phone:   
Fax:

Employee/Applicant Signature Date



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# **AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40**

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

## **Part I:**

**To be completed by the new employer, signed by the applicant/employee, and transmitted to the previous employer.**

TO: \_\_\_\_\_  
(Previous Employer Name – Printed)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

I, \_\_\_\_\_ SSN: \_\_\_\_\_ have applied for employment  
(Applicant/Employee Name – Printed) (OPTIONAL – See the attached Privacy Act statement)

with \_\_\_\_\_, \_\_\_\_\_, and hereby authorize the  
(Hiring Air Carrier Name – Printed) (Air Carrier Certificate Number)

release of records from Department of Transportation-regulated drug and alcohol testing of me by my previous employer,

to c/o NATA Compliance Services FAX Number: +1.866.768.2881  
(Printed name of the Designated Employer Representative (DER) authorized to receive the released records) (Of the hiring Air Carrier)

I understand that this release of 5 years of records by my previous employer satisfies the requirements of DOT *Code of Federal Regulations* 49 CFR § 40.25(a)-(i) and 49 CFR § 40.333, and is limited to the following DOT-regulated testing records:

1. Confirmed alcohol test results indicating an alcohol concentration of 0.04 or greater;
2. Verified positive drug test results;
3. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated test results);
4. Documentation of other violations of DOT agency drug and alcohol testing regulations;
5. Substance Abuse Professional (SAP) reports;
6. All follow-up test results and schedules for follow-up tests, including documentation of each return-to-duty test;
7. Information obtained from previous employers under 49 CFR § 40.25 concerning drug and/or alcohol violations;
8. Records of negative and cancelled drug test results, and confirmed alcohol test results with an alcohol concentration of less than 0.039.

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A reproduction of this authorization shall be deemed effective and valid as an original.**

## **Part II:**

**To be completed by the previous employer (DER) and transmitted by mail or fax to the new employer.**

In the **five year** period, prior to the date of the employee's signature in Part I, for DOT regulated testing:

1. Did the employee have any confirmed alcohol tests with a concentration of 0.04 or higher? YES\_\_\_\_ NO\_\_\_\_
2. Did the employee have any 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 and/or alcohol testing regulations? YES\_\_\_\_ NO\_\_\_\_
5. Did a previous employer report a drug and/or alcohol rule violation to you? YES\_\_\_\_ NO\_\_\_\_
6. If you answered 'yes' to any of the above items, did the employee complete the 'return-to-duty' process? N/A\_\_\_\_ YES\_\_\_\_ NO\_\_\_\_

If you answered 'yes' to item 6, please provide the appropriate return-to-duty documentation (SAP reports and follow-up testing). 49 U.S.C. § 44703(h)(1)(B) requires 'records' to be furnished. This includes records of positive as well as negative results.

Name of the Designated Employer Representative (DER) providing the records: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email or FAX Number: \_\_\_\_\_ Date: \_\_\_\_\_

**PREVIOUS EMPLOYER:** If the individual named in Part I above has requested a copy of their records pursuant to a PRIA records request on FAA Form 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – AIR CARRIER AND OTHER RECORDS (PRIA), copies of the Drug and Alcohol records must be provided to the individual (Title 49 U.S.C. § 44703(h)(6)). Forward copies of the Drug and Alcohol records to the address provided by the individual on FAA Form 8060-11A.



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## INSTRUCTIONS

### FAA FORM 8060-12, AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air Carriers **should** use this form to request the appropriate records from current and/or past employers as contemplated under 49 U.S.C. § 44703(h), Records of Employment of Pilot Applicants, As Amended.

**NOTICE: This request is for the 5-year period preceding the date of the employee's signature in Part I of this form. This request will not be deemed valid unless Parts I and II are completed as specified.**

Pursuant to 49 U.S.C. § 44703(h)(5), a person who receives a request for records under 49 U.S.C. § 44703(h)(1) shall furnish a copy of all such requested records maintained by the person not later than 30 days after receiving the request. An additional copy must be furnished to the subject of this request only if that person has so indicated on the attached FAA Form 8060-11A, by checking the 'YES' block. See the note to the previous employer at the bottom of FAA Form 8060-12. This form may be photocopied for use, or is available on the Internet at [http://www.faa.gov/pilots/lic\\_cert/pria/](http://www.faa.gov/pilots/lic_cert/pria/) or <http://forms.faa.gov/>

This form is to be used as an attachment to FAA Forms 8060-11 and 8060-11A. A separate form must be used for each airman whose records are requested. Do not use with FAA Forms 8060-10 or 8060-10A.

**Part I: To be completed by the new employer and signed by the applicant/employee.**

**All entries must be completed legibly with black or dark blue ink.**

1. TO – enter the name and address of the applicant/employee's previous employer.
2. Enter the name and SSN of the applicant/employee. (SSN is optional – see Privacy Act statement below)
3. Enter the name and air carrier certificate number of the requesting employer.
4. Enter the name of the Designated Employer Representative authorized to receive the released records.
5. Signature – signature of the applicant/employee.
6. Date – enter the date of the request

**Part II: To be completed by the previous employer (DER). DER is assigned IAW 49 CFR Part 40.**

**All entries must be completed legibly with black or dark blue ink.**

1. DER answers questions 1 through 6, and prepares copies of the required supporting documents.
2. Enter the name of the Designated Employer Representative authorized to release the requested records.
3. Enter the phone / Email address / FAX numbers of the person (DER) providing the requested records.
4. Enter the date that the requested records have been prepared and forwarded to the new employer.

#### **PAPERWORK REDUCTION ACT STATEMENT**

Title 49 United States Code (49 U.S.C.) § 44703(h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703(h)(8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of Air Carrier and Other Records is 30 minutes. The requirement to collect and evaluate background information on the pilot, before beginning service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.

#### **PRIVACY ACT STATEMENT**

The information on the accompanying form is solicited under authority of Title 49 U.S.C. § 44703(h), Records of Employment of Pilot Applicants, as amended, and maintained under Title 49 Code of Federal Regulations (49 CFR) Part 40. The purpose of this data is to be used to determine the suitability of a pilot applicant being considered by an air carrier for employment. The routine use of this information, after the request has been completed, allows a hiring air carrier to evaluate the professional competence and suitability of a pilot applicant, before extending a firm offer of employment to that pilot. Submission of the SSN is voluntary; however, disclosure of the SSN could facilitate the retrieval of the appropriate records which are usually maintained in alphabetical order and/or cross-referenced with the airman certificate number and/or SSN. Failure to disclose the SSN could result in a delayed, incorrect, or negative response to this request, caused by the possible misidentification of the records, or the failure to identify the appropriate records of the person who is the subject of this request.





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## INSTRUCTIONS

### **FAA FORM 8060-13, NATIONAL DRIVER REGISTER RECORDS REQUEST (PRIA)**

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air carriers **should** use this form to request the appropriate records from the National Driver Registry as contemplated under 49 U.S.C. § 44 703(h). Complete Instructions for the use of this form, as well as procedural information concerning the request of NDR records, are provided on the official PRIA website as listed below.

#### NOTICE

**Request will not be deemed valid unless Parts I, II, and III are completed as specified below.**

This form may be photocopied for use.

This form is available on the Internet at [http://www.faa.gov/pilots/lic cert/pria/](http://www.faa.gov/pilots/lic_cert/pria/) or <http://www.forms.faa.gov/>

A separate form must be used for each airman whose records are requested.

**Use of the date of birth, social security number, or other information for which there may be a reasonable expectation of privacy, is optional. However, use of this information, at the applicant's discretion, could facilitate the retrieval of the appropriate records required by this request IAW PRIA. (See the Privacy Act Statement)**

**Part I – National Driver Register (NDR) Records Request: To be completed by the hiring Air Carrier.**

**All entries must be completed legibly with black or dark blue ink.**

The hiring air carrier enters their name and air carrier certificate number. Personal information concerning the applicant is then entered into the respective spaces, with the date-of-birth and social security number being disclosed ONLY at the discretion of the applicant. The air carrier must ensure that complete mailing instructions are included with this request.

**Part II – Consent To The Release Of Records: To be completed by the applicant.**

**All entries must be completed legibly with black or dark blue ink.**

The applicant must read and understand the statement, and then authorize the request and release of the appropriate NDR records by signing and dating the form in the indicated spaces. A notarized signature MAY be required by the state.

**Part III – Notice To The Prospective Employee.**

The air carrier representative must ensure that the applicant is aware that a request for the appropriate NDR records will be made IAW PRIA, and that a copy of the records, once received, will be furnished to the applicant if they so desire. A legible copy of this form must be furnished to the applicant after being completed and signed. ID verification in **III(a)** is to be completed by the air carrier representative when the application is made in person. ID verification in **III(b)** is to be completed when the application is NOT made in person. The respective state MAY also require a notarized signature.

#### ***PAPERWORK REDUCTION ACT STATEMENT***

Title 49 United States Code (49 U.S.C.) § 44703 (h), Records of Employment of Pilot Applicants, as amended, requires all air carriers to request FAA records and Air Carrier and Other Records concerning an individual before allowing that individual to begin service as a pilot. 49 U.S.C. § 44703 (h) (8) requires the FAA Administrator to promulgate standard forms to request records. The information entered on the standard forms will be used to facilitate the search and retrieval of the required records. It is estimated that the average burden per respondent associated with this collection of FAA Records is 10 minutes. The requirement to collect and evaluate background information on the pilot, before allowing that pilot to begin service, is mandatory; however, the use of this form is not, although it is highly recommended. An agency may not conduct or sponsor, and a person is not required to respond to, this request for information unless a current and valid OMB control number is prominently displayed. The OMB control number assigned to this collection is 2120-0607.

***SEE PRIVACY ACT INFORMATION BELOW***

## NATIONAL DRIVER REGISTER RECORDS REQUEST (PRIA)

**PRIVACY ACT STATEMENT:** This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see [www.dot.gov/privacy/privacyactnotices](http://www.dot.gov/privacy/privacyactnotices)), including:

(a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:

- The type of certificates and ratings held, limitations, date of issuance and certificate number;
- The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.

(b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.

(c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

(d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.

(e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.

(f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).

(g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.

(h) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.

(i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.

(j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.

(k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.

(l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.

(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78)). For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

## REGISTER RECORDS CHECK (NDR)

**Who:** State of Florida Department of Highway Safety and Motor Vehicles will no longer process out-of-state Requests for National Driver Register (NDR) File Checks on Current or Prospective Employee of Air Carriers.

**What:** Processing of NDR will require a New Form 8060-13, available via <https://info.natacs.aero/order-forms>

**When:** Starting October 25, 2016, NATACS will no longer process the State of Florida NDR form.

**Where:** New Form 8060-13 is available via <https://info.natacs.aero/order-forms>

**How:** All requests must use form 8060-13 and  
\*\*\* ALL requests must be notarized \*\*\*

**Why:** This new process will REDUCE the turn time for employers to receive results.

**Need Assistance?** Call +1.703.842.5317 or email [info@NATACS.aero](mailto:info@NATACS.aero)



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

## NATIONAL DRIVER REGISTER RECORDS REQUEST (PRIA)

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

***Pursuant to 49 U.S.C. § 44703(h)(5), the NDR, as a person who receives a request for records under 49 U.S.C. § 44703(h)(1)(C), shall furnish a copy of the requested NDR records concerning all applicants, not later than 30 days after receiving the request.***

### **PART I: NATIONAL DRIVER REGISTER (NDR) RECORDS REQUEST**

This request authorizes the National Highway Traffic Safety Administration (NHTSA) to perform a one-time file search of the National Driver Register (NDR) for information pertaining to me, and to provide the results to the prospective employer listed below. This search is to be limited to information about revocations or suspensions still in effect on the date of the request or information entered into the NDR in the past 5 years from the date of the employment application. Upon my written request, the prospective employer listed below shall make available to me any NDR information received as a result of this search.

\_\_\_\_\_, hereby requests records pertaining to:  
(Air Carrier Name) C/O NATA Compliance Services , (Air Carrier Certificate #) \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Full Legal Name – first, middle, last) (Date Of Birth) (Social Security Number – optional)

\_\_\_\_\_  
(Other Names Used – maiden prior name, nickname, professional name, other. If none, enter 'none')

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Driver License Number and State) (Gender) (Eye Color) (Height) (Weight)

NATA Compliance Services, 9400 Gateway Drive, Suite D, Reno NV 89521

(Mail the completed report to the requesting air carrier at this address)

### **PART II: CONSENT TO THE RELEASE OF RECORDS**

Prospective Employee Understanding: I understand that the National Driver Register (NDR) search will result in a printed report, which shall be sent only to the prospective employer listed on this form. The report will indicate either: (1) that the NDR does not contain a records matching my identification; or, (2) that the NDR has a probable identification (pointer record) from one or more states, which will be named on this report. A separate and additional check of state files, as a result of the pointer record, would be required: (1) to verify the identification; or, (2) to obtain the driving record. Under the Privacy Act, I have the right to request records pertaining to me from the NDR to verify their accuracy.

***With my notarized signature, (If notarization is required) I hereby authorize a one-time file search of NDR related records pertaining to me, with any and all resulting reports to be sent to the prospective employer named in Part I of this form.***

\_\_\_\_\_, \_\_\_\_\_  
(Signature Of Applicant) (Date Of Signature)

### **PART III: NOTICE TO THE PROSPECTIVE EMPLOYEE**

Pursuant to Title 49 (U.S.C.) § 44703(h)(6) Records of Employment of Pilot Applicants, as amended, you are hereby notified, by being provided with a completed copy of this form, that the above air carrier will submit an FAA Records Request (PRIA) for your NDR related records. You are also notified of your right to receive a copy of any and all such records furnished by the NDR.

| <b>III(a). For Official ID Verification</b>                    |                                                |                   | <b>III(b). Notarization</b>                                                                                                |
|----------------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------|
| Date Received:                                                 | Date Sent:                                     | Internal Control: | Required only if the NDR File Check Request is NOT made in person by the prospective employee, or by the respective state. |
| <input type="checkbox"/> Valid Photo Driver License            | <input type="checkbox"/> State Issued Photo ID |                   | Sworn to and ascribed before me this _____ day of _____                                                                    |
| <input type="checkbox"/> Birth Certificate                     | <input type="checkbox"/> Valid Passport        |                   | In the city/county of _____ state of _____                                                                                 |
| <input type="checkbox"/> Valid Military ID                     | <input type="checkbox"/> Military Discharge    |                   | Signature of Notary Public _____                                                                                           |
| <input type="checkbox"/> Other _____                           |                                                |                   | Notary Public Seal: _____                                                                                                  |
| (Indicate the specific type of identification used.)           |                                                |                   |                                                                                                                            |
| Printed name and signature of person verifying identification. |                                                |                   |                                                                                                                            |