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Substance Abuse Policy for DOT/FAA Drug and Alcohol Testing  
and  
Anti-Drug and Alcohol Misuse Prevention Program  
POLICY AND PROCEDURES

**ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING**

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I HEREBY ACKNOWLEDGE that I have received, read, understand and have been trained on Aviation Personnel's Substance Abuse Policy for DOT/FAA Drug and Alcohol Testing, Anti-Drug and Alcohol Misuse Prevention Program Policy and Procedures, Drug and Alcohol Awareness Information / Employee Drug-Free Workplace Education, FAA Required Disciplinary Consequences, Community Service Hotline Information, and understand that I must abide by the terms as a condition of employment. I understand that during my employment I may be required to submit to a controlled substances and/or alcohol test(s) based on Department of Transportation (DOT) regulations and Aviation Personnel's requirements.

I understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT regulations and Aviation Personnel's policy, and may result in disciplinary action, including suspension (with or without pay) or termination from this organization. I further understand the consequences related to controlled substances use or alcohol misuse conduct as prohibited by Aviation Personnel's policy.

I acknowledge that the provisions of Aviation Personnel's Anti-Drug and Alcohol Misuse Prevention Program Policy and Procedures are part of the terms and conditions of my employment, and that I agree to abide by them.

THE UNDERSIGNED STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND UNDERSTANDS THE CONTENTS THEREOF.

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Employee's Signature

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Date

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Employee's Printed Name

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SSN#