AVIATION PERSONNEL

4756 Hwy. 377 South
Ft. Worth, TX 76116
Phone 817-244-2125

EMPLOYEE CERTIFICATION OF ELIGIBILITY TO PERFORM A SAFETY-SENSITIVE FUNCTION

The Federal Aviation Administration's (FAA) antidrug and alcohol misuse prevention program regulations prohibit employers from using an individual to perform a safety sensitive function if the individual has become subject to the permanent bar provisions of the regulations or if the individual has engaged in conduct prohibited by these regulations and has not completed the required steps to return to the performance of safety-sensitive functions. Individuals subject to the permanent bar provision are those who have had two verified positive drug or alcohol test results or those who have used a prohibited drug or alcohol while performing a safety-sensitive function. An individual who has had a verified positive drug or alcohol test or has refused to submit to a drug or alcohol test is precluded from the performance of a safety-sensitive function until the appropriate SAP evaluation and return to duty testing requirements have been met.

Based on the information provided and by signing below, I _____, hereby certify that I am eligible to perform a safety sensitive function as defined by Federal Aviation Administration, 14 CFR Part 120.

Please circle YES or NO to the following questions:

- Have you ever tested positive or refused to test, on any pre-employment, random or reasonable suspicion drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by the DOT agency drug and alcohol testing rules?
  YES or NO
- Have you ever had an alcohol test with a breath alcohol concentration of 0.04 or higher?
  YES or NO
- Have you ever refused a required test for drugs or alcohol?
  YES or NO

If NO please skip below SIGN and DATE at the bottom of the page.
If YES to any of the above questions, please provide the following information:
Employer at time of positive test or refusal to test:

_____
(Employer Name) (Date of failed test)

_____
(Employer Address)

_____
(Contact Name) (Telephone)

Substance Abuse Professional (SAP):

_____
(SAP)

_____
(SAP Address)

_____
(Contact Name) (Telephone)

_____
Employee Name (Print) (Date)

_____
Employee Signature