			1
will lawy.	FAA Registration Nu		
TIN: Layer		·	OR FAA USE ONL
ANTIDRUG AND ALCOHOL	MISUSE PREVENTION	PROGRAM REGIS	TRATION FORMAT
Indicate if this is a: D New Re	egistration Regis	stration Amendment	(D-EX
Indicate is into is a	(FAA Re	gistration Number E	EA-00010-4
			-
Type of Company: 135.1(c	Contractor		ntrol facility not
	195-	under contra	the FAA or by or ct to the U.S. Military
	,		
Company name (include doing l	business as names (DBA), i		
$\boldsymbol{\nu}$ .			
Company address & telephone	number (include physical a	nd/or mailing addre	ss):
Physical: 1084 East W Hanga #3 F	ATO St. M	lailing: Po Bo	
LOCK HAVEN		LUCK M	AVEN PA
Telephone: 570 748-	<u> </u>		17743
T			
If your records are not kept at the and telephone number where the	ie address listed above, ple e records are kent	ase indicate the bus	ness name, address,
and companie named where the	AND ACCOUNTS AND MODELS AND		Siene Sie
If this is the name and address of a	ı service		. 24
agent, please check here $\square$ .			
Identify the type of safety-sensiti	ve function(s) von perform	ar intend to perfor	m for an amulana
☐ Flight crewmember duties	☐ Aircraft dispatcher d		traffic control duties
_	☐ Ground security coo		trathe coulded addes
□ Flight instruction duties □ Aviation screening duties			
Maintenance or preventive ma		3	•
		,	•
Indicate whether you have:  ☐ 50 or more safety-sensitive en	100 0		
50 or more safety-sensitive en	aployees. 19 of fewer	satety-sensitive emp	loyees.
I certify that my company will com	iply with 14 CFR part 121, a	appendices I and I and	1 49 CER part 40
and if you are a contractor, you into	and to provide safety-sensitive	ve functions by contr	act to a part 121 or
part 135 certificate holder, a sightse	eeing operator as defined by	§135.1(c), or an air (	raffic control
facility not operated by the FAA or	by or under contract to the	U.S. military.	
Signature 2 20 Q/F		Date:	1/14
Signature: Authorized Repres	entative	Date;//	701
, , <del>-</del>	not authorized to sign this	registration on beh	alf of the company)
_			·
	FMEKINNEY		V-7-11-11-11
Title: V.P.	•		9 tr
Send this information in <u>duplicat</u>	e to: FAA/Office of Ae	rospace Medicine	
		Division (AAM-810)	) <sup>'</sup>
	800 Independence	Avenue S W	

Washington, DC 20591

## CONSORTIUM MEMBER ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT

. Consortium Name: National Association of D.	rug-Free Employees (NADE)
Address: 811 Jericho Tumpike, Sui	te 202W
City: Smithtown	
Telephone Number: (voice) 516-361-6287	•
Consortium Plan Identification Number: E-EA-	00010-U
Kau & Sobolerali Charl Signature Consortium ADPM Typed/Pri	otte Cirko  nted Name Consortium ADPM  Date
2. Company/Operator Name: AIR PARTS OF LO	CK HAVEN
d/b/x (if applicable)	
Address: HANGER #3 PIPER AIRPORT P.O.	BOX_418
City: LOCK HAVEN 570 Telephone number: (voice) 7-17-748-0823	State: .pa. Zip: 17748 (fax) 577-748-1786 (fax)
3. Company/Operator Antidrug Program Manager (/	ADPM): GEORGE F. MCKINNEY SR
4. Type of Operator:	PAA Certificate Number
[] Part 121.	
☐ Part 135.	· · · · · · · · · · · · · · · · · · ·
D Part 135.1(c) operator (sightseeing only).	N/A`
Part 145 (repair station)	QK4R_2429k
ATC facility.	N/A
□ Contractor.	N/A
	And the second s
Plan Identification Number	E-EA-00010-U [D-EA-929]
APPROVED	adilla
Drug Abatement Division Federal Aviation Administration	)n