

CONSORTIUM MEMBER ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT

New Plan Plan Amendment

1. Consortium Name: NADE NATIONAL ASSOCIATION OF DRUG FREE EMPLOYEES
Address: 811 Jericho Turnpike
City: SMITHTOWN State: NY Zip: 11787
Telephone Number: (voice) 516-361-6287 (fax) 516-361-8893
Consortium Plan Identification Number: E-EA-00010/11-II

Karen L. Tusinean KAREN L. TUSINEAN 10/15/99
Signature Consortium ADPM Typed/Printed Name Consortium ADPM Date

2. Company/Operator Name: AVIATION AVIONICS & INSTRUMENT CORP.
d/b/a (if applicable) _____
Address: 210 HANSE AVE.
City: FREEPORT State: NY Zip: 11520
Telephone number: (voice) 516 868-7700 (fax) 516868-2090

3. Company/Operator Antidrug Program Manager (ADPM): HENRY GEISPERGER

Type of Operator:	FAA Operating Certificate	Issue Date
<input type="checkbox"/> Part 121.		
<input type="checkbox"/> Part 135.		
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station)	HCSR256K	MAY 17 1989
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

RECEIVED-FAA
DRUG ABATEMENT DIVISION
99 NOV -1 PM 2:07

FOR FAA USE ONLY

Plan Identification Number E-EA-00011-11 (D-EA-189)

NOV - 3 1999

APPROVED _____

Lucky Mc L. Test

Drug Abatement Division
Federal Aviation Administration

5. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	20
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	20		

6. Contractors: Part 121, 135, 135.1(c) operators will ensure that any contract company's employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.

7. Medical Review Officer (MRO): As identified in consortium program.

8. DHHS-Certified Laboratory(Primary): As identified in consortium program.

9. DHHS-Certified Laboratory (Split Specimen):

Name _____

Address _____

City _____ State _____ Zip _____

OR:

Employees will have the option of selecting any DHHS-certified laboratory to test split specimens in the event of verified positive drug tests.

10. Specimen Collection Procedures: As listed in consortium program

11. EAP Education and Training: As outlined in consortium program.

12. Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up: As outlined in consortium program.

13. Recordkeeping/Confidentiality: *All employers are responsible for maintaining antidrug program records.* Records will be maintained in accordance with the requirements of part 121, appendices I and J. The company/operator will release drug testing results and rehabilitation information only with the written consent of the employee involved with the exceptions provided in part 121, appendices I and J.

14. Reporting: Annual reports of antidrug and alcohol misuse prevention program results will be provided to the FAA in accordance with the requirements of 14 CFR part 121, appendices I and J.

This plan/amendment supercedes all previously submitted plans/amendments.

Company/Operator Certification Statement:

I certify that I am authorized to represent AVIATION AVIONICS & INSTRUMENT in this matter, that the
(company/operator name) CORP
information in this document is correct to the best of my knowledge and belief, and that

AVIATION AVIONICS & INSTRUMENT will comply with the provisions of the FAA's antidrug and
(company/operator name) CORP
alcohol misuse prevention programs regulations. If your consortium is in noncompliance with DOT or
FAA regulations, you are responsible for the noncompliance and are subject to FAA sanctions.

Signature Henry Geisberger Date 10/13/99

Typed name HENRY GEISBERGER Title CHIEF INSPECTOR
(Company/Operator ADPM)

The Paperwork Reduction Act Statement: The information collected on this form is necessary to determine compliance with the antidrug and alcohol misuse prevention programs. In completing the certification statement, we estimate that it will take 1-1/2 hours. The portion required for the alcohol program is estimated to take 6 minutes to complete. If you wish to make any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden, send those comments to the Federal Aviation Administration, Office of Aviation Medicine, Implementation, Regulations and Policy Branch, AAM-810, 800 Independence Avenue, SW., Washington, DC 20591. The information collection is mandatory. (14 CFR part 61, et al, Antidrug Program for Personnel Engaged in Specified Aviation Activities and 14 CFR part 61, et al. Alcohol Misuse Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers associated with this collection are 2120-0535 and 2120-0571.



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

800 Independence Ave., S.W.
Washington, D.C. 20591

JAN 15 1999

Identification No.: E-EA-00378-U
(D-EA-005)

Mr. Henry Giesperger
Aviation Avionics & Instrument Co.
210 Hanse Ave.
Freeport, NY 11152

Dear Mr. Giesperger:

As a result in change of address for American Drug Screening Alliance, please note that your identification number has been changed to the above number.

This number must be used in the future on all submissions to our office.

Sincerely,

for

Patrice M. Kelly
Manager, Implementation, Regulations,
and Policy Branch
Office of Aviation Medicine

cc: American Drug Screening Alliance