

Effective September 29, 2025

**SECTION A: COMPANY INFORMATION**

Company Name				AirTera Client ID:	
Street Address					
City		State		Zip	
Company Admin Name			Title		
Email				Phone number	

**SECTION B: EMPLOYEE / APPLICANT INFORMATION**

First Name		Last Name		Middle Name	
Street Address					
City		State			
Zip Code		Country of Residence			
Date of Birth		Social Security Number *			

**SECTION C: BACKGROUND CHECK SERVICES**

<input type="checkbox"/>	FAA Pilot Records Database Records Retrieval (per employee) <sup>1</sup>	\$99.95
<input type="checkbox"/>	FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database non-subscribers (per employee)	\$99.95
<input type="checkbox"/>	FAA Pilot Records Database New Record Entry (per page) <sup>1</sup>	\$5.00
<input type="checkbox"/>	FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database subscribers (per employee)	\$69.95
<input type="checkbox"/>	National Driver Register Check (NDR)	\$49.95
<input type="checkbox"/>	Drug & Alcohol History Records Request (per employer)	\$59.95
<input type="checkbox"/>	DASSP Airman File Check	\$59.95
<input type="checkbox"/>	Motor Vehicle Driving Record Check <sup>3 &amp; 4</sup>	\$32.95
<input type="checkbox"/>	FAA Certificate/License Check	\$29.95
<input type="checkbox"/>	FAA Accident, Incident and Enforcement (AIE) Report <sup>2</sup>	\$59.95
<input type="checkbox"/>	U.S. Employment Verification (per employer) <sup>3 &amp; 4</sup>	\$21.95

\* If employee is already in the AirTera platform, only the last four digits of the SSN are required.

<sup>1</sup> AirDock DOT & FAA Database subscription pricing applies.

<sup>2</sup> If ordering PRD Retrieval service, this check is automatically included.

<sup>3</sup> **A \$25.90 application-processing fee will be charged for web-enabled services per employee/applicant.**

<sup>4</sup> Direct pass-through expenses shall be invoiced.

If submitting by email, please send to [services@airtera.com](mailto:services@airtera.com).



### 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 2 years or more, per the hiring company's policy. (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: \_\_\_\_\_

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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 or more, per the hiring company's policy. (Check one.)

Yes

No

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date



### Instructions:

- in accordance with 49 CFR § 40.25 employers are required to request records from DOT-regulated companies where the employee worked in the previous two years. Companies may request more than two years' worth per their company policy.
- Part I - To be completed by the employer and signed by the employee-applicant
- Part II - To be completed by the previous employer

## ~ Part I ~

I authorize my previous employer, \_\_\_\_\_ at \_\_\_\_\_,  
(Company Name) (Street Address)

\_\_\_\_\_ to release my U.S. Department of Transportation drug and  
(City) (State) (Zip code)

alcohol testing records to c/o AirTera, formerly NATA CS at +1.866.768.2881,  
(Designated Employee Representative) (Fax No.)

On behalf of \_\_\_\_\_  
(New Employer Name)

- 2-Years
- More than 2 Years (please indicate how many, per your company policy): \_\_\_\_\_

I understand that this release complies with the requirements of DOT 49 CFR Part 40 §40.25 and FAA regulation 14 CFR Part 120; and is limited to the below DOT drug and alcohol testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers of a drug & alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): \_\_\_\_\_

Employee-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ~ Part II ~

### To be completed by the previous employer

#### Part II-A. While employed...

- Yes  No  1. Did the employee have alcohol tests with a result of 0.04 or higher?
- Yes  No  2. Did the employee have 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 & alcohol testing regulations?
- Yes  No  5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
- Yes  No  N/A  6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

**NOTE: If you answered "yes" to any of the above questions, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).**

#### Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



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6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): \_\_\_\_\_

Employee-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ~ Part II ~

### To be completed by the previous employer

#### Part II-A. While employed...

- Yes  No  1. Did the employee have alcohol tests with a result of 0.04 or higher?
- Yes  No  2. Did the employee have 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 & alcohol testing regulations?
- Yes  No  5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
- Yes  No  N/A  6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

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Name of Designated Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

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6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): \_\_\_\_\_

Employee-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ~ Part II ~

### To be completed by the previous employer

#### Part II-A. While employed...

- Yes  No  1. Did the employee have alcohol tests with a result of 0.04 or higher?
- Yes  No  2. Did the employee have 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 & alcohol testing regulations?
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Name of Designated Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



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5. Information obtained from previous employers of a drug & alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

Employee-Applicant Name (Please Print): \_\_\_\_\_

Employee-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ~ Part II ~

### To be completed by the previous employer

#### Part II-A. While employed...

- Yes  No  1. Did the employee have alcohol tests with a result of 0.04 or higher?
- Yes  No  2. Did the employee have 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 & alcohol testing regulations?
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#### Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



### Instructions:

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(Company Name) (Street Address)  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to release my U.S. Department of Transportation drug and  
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Employee-Applicant Name (Please Print): \_\_\_\_\_

Employee-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ~ Part II ~

### To be completed by the previous employer

#### Part II-A. While employed...

- Yes  No  1. Did the employee have alcohol tests with a result of 0.04 or higher?
- Yes  No  2. Did the employee have verified positive drug tests?
- Yes  No  3. Did the employee refuse to be tested?
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- Yes  No  5. Did a previous employer or the employee report a drug and alcohol rule violation to you?
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**NOTE: If you answered "yes" to any of the above questions, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).**

#### Part II-B. Name and title of person providing information in 11-A:

Name of Designated Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions:

1. All portions of this form must be filled out completely and legibly.
2. This form must be signed and notarized unless you have a valid DMV Record Inquiry Account that is qualified to receive personal information.
3. ~~Mail this form to: DMV, 1905 Lana Av. Salem OR 97314.~~
4. Pursuant to Section 502 of the Pilot Improvement Act of 1996, if you are seeking employment with an air carrier as a pilot, this serves as a notice of a request for NDR information concerning your driving record and your right to a copy of such information.
5. This file check of the NDR will result in a printed report that will be sent only to the employer listed on this form. The report will indicate either (1) that the NDR does not contain a record matching your identification or (2) that the NDR has a probable identification (match) from the state(s) listed on the report.
6. A separate check of state files is required to (1) verify the identification or (2) obtain the driving record. It is the responsibility of the employer to obtain the state driver record(s) and to determine or verify that the record(s) belong to the employee.

## Current or Prospective Employer to Receive the NDR Search Results

EMPLOYER OR AGENCY NAME C/O AirTera, a service mark of NATA Compliance Services		<input type="checkbox"/> Driver Employer	<input type="checkbox"/> Railroad Company	<input checked="" type="checkbox"/> Air Carrier
TO THE SPECIFIC ATTENTION OF: (Hiring Company Name)		SUBSCRIBER TELEPHONE <b>(703) 842-5317</b>		
MAILING ADDRESS: NUMBER AND STREET 9440 Double R BLVD		FAX <b>(866) 768-2881</b>		
CITY, STATE AND ZIP CODE Reno, NV 89521				

## Driver Information

DRIVER'S (EMPLOYEE OR PROSPECTIVE EMPLOYEE) FULL LEGAL NAME (FIRST, MIDDLE AND LAST)				
First Name:		Middle Name:		Last Name:
OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)				
DRIVER LICENSE NUMBER			DRIVERS LICENSE STATE	
DATE OF BIRTH: MONTH	DAY	YEAR		

**EMPLOYEE UNDERSTANDING:** I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or agency listed above on this form. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspensions or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form.

DRIVER'S SIGNATURE (EMPLOYEE OR PROSPECTIVE EMPLOYEE)	DATE
---	------

N O T A R Y	State of _____
	County of _____
	This instrument was acknowledged before me on _____, 20____
	by _____,
_____ Notary Public - State of _____	