

Effective May 22nd, 2026

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 - non-subscribers (<i>per employee</i>) ¹	\$110.00
<input type="checkbox"/>	FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database non-subscribers (<i>per employee</i>)	\$99.95
<input type="checkbox"/>	FAA Pilot Records Database New Record Entry - non-subscribers (<i>per page</i>) ¹	\$5.00
<input type="checkbox"/>	FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database subscribers (<i>per employee</i>)	\$75.00
<input type="checkbox"/>	National Driver Register Check (NDR)	\$55.00
<input type="checkbox"/>	Drug & Alcohol History Records Request (per employer)	\$70.00
<input type="checkbox"/>	DASSP Airman File Check	\$65.00
<input type="checkbox"/>	Motor Vehicle Driving Record Check ^{3 & 4}	\$40.00
<input type="checkbox"/>	FAA Certificate/License Check	\$35.00
<input type="checkbox"/>	FAA Accident, Incident and Enforcement (AIE) Report ²	\$65.00
<input type="checkbox"/>	U.S. Employment Verification (<i>per employer</i>) ^{3 & 4}	\$30.00

Note: Please ensure the employee/applicant's full legal name is consistent across all pages and all required fields are fully completed to prevent processing delays.

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

¹ AirDock DOT & FAA Database subscription pricing applies.

² If ordering PRD Retrieval service, this check is automatically included.

³ **A \$30.00 application-processing fee will be charged for web-enabled services per employee/applicant.**

⁴ Direct pass-through expenses shall be invoiced.

If submitting by email, please send to services@airtera.com.



ORDER FORM - BACKGROUND CHECK SERVICES

Employer: _____ **Employee Full Name:** _____
Employee SSN: _____

F. EMPLOYEE INFORMATION:

Provide a complete 10-year history with no gaps. List any periods of unemployment or military service (include DD214 if applicable). Ensure all information and phone numbers are accurate and explain any gaps of 12 months or more. If you have more than four employers, please submit a second copy.

Employer/Company Name: _____	Job Title: _____	Phone #: _____
Address: _____	City: _____	State: _____ Country: _____
Start Date (MM/YY) to End Date (MM/YY): _____	Supervisor's Name: _____	

Employer/Company Name: _____	Job Title: _____	Phone #: _____
Address: _____	City: _____	State: _____ Country: _____
Start Date (MM/YY) to End Date (MM/YY): _____	Supervisor's Name: _____	

Employer/Company Name: _____	Job Title: _____	Phone #: _____
Address: _____	City: _____	State: _____ Country: _____
Start Date (MM/YY) to End Date (MM/YY): _____	Supervisor's Name: _____	

Employer/Company Name: _____	Job Title: _____	Phone #: _____
Address: _____	City: _____	State: _____ Country: _____
Start Date (MM/YY) to End Date (MM/YY): _____	Supervisor's Name: _____	

G. MOTOR VEHICLE RECORD (MVR):

Driver's License Number: _____	State of Issue: _____
Expiration Date: _____	Date of Birth: _____

H. PROFESSIONAL CERTIFICATE VERIFICATION INFORMATION:

FAA A&P License Number: _____	FCC License Number: _____
Other License Type/Number: _____	Other License Type Number: _____

Employer:

Employee Full Name:

Employee Social Security Number:

J. RELEASE AND CONSENT FOR A BACKGROUND CHECK:

I certify that all answers given here in this 5 page form are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give _____ (hereafter referred to as "EMPLOYER") and its agent NATA Compliance Services DBA AirTera (hereafter referred to as "AGENT"), permission to contact appropriate parties, and hereby release EMPLOYER and its AGENT from all liability as a result of such contact. I hereby consent to allow the AGENT to conduct the above stated background checks on me, and to report the results of such a check to EMPLOYER. I understand and authorize the release of all such information to EMPLOYER and AGENT

I agree that EMPLOYER may, at its sole discretion, deny me employment, require that I be removed from a temporary assignment or discharge me from employment if the information received in the investigation is considered unfavorable by EMPLOYER. Any offer of employment or continuing employment (if currently employed) by EMPLOYER is subject to and conditioned upon EMPLOYER'S review of such information.

In the event of an offer of employment, subsequent employment, and/or continuing employment, I understand that false, misleading or omitted information in my application/background check information shall be grounds for withdrawal of an offer of employment or discharge at any time.

Notice to Applicant/Employee regarding consumer rights under the Fair Credit Reporting Act:

The Fair Credit Reporting Act (FCRA) governs the activities of consumer credit reporting agencies, as well as the users of the information procured from these agencies. A consumer report contains information on a consumer's (job applicant's) character, reputation, and other personal data. Employers to screen job applicants procure these reports. Employer agrees to comply with all aspects of the Fair Credit Reporting Act and any applicable Federal or State equal employment opportunity law or regulation.

Among other things, the FCRA prohibits Users (Employers) from obtaining consumer reports unless the Employer discloses to the applicant, in writing, (The "REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION" form) that such a report may be acquired. This disclosure must be in the form of a document that consists solely of the disclosure that a consumer report may be obtained for employment purposes. This release must also state that if the employer denies employment based on the information from an AGENT report, the applicant may make written inquiry requesting a disclosure of the nature and scope of the investigation.

If an applicant makes such a request, AGENT will supply a complete and accurate disclosure of the nature and scope of the investigation within five days of the request. AGENT will reexamine any item the applicant holds to be incorrect at no additional charge and, if necessary, supply a corrected report to the original requester. AGENT keeps copies of each investigation for a period of not less than one year.

If a consumer reporting agency or user of such information willfully fails to comply with and FCRA requirements, the Consumer Reporting Agency and its agents are responsible to the subject of the report. AGENT complies with all the regulations set forth by the FCRA.

In addition, any individual who knowingly and willfully obtains information from a consumer reporting agency under false pretenses will be fined not more than \$5000.00 and imprisoned not more than one year or both.

AGENT complies with and supports all provisions of the Fair Credit Reporting Act (FCRA). We urge all employers to review its restrictions and requirements. The Act's citation is Public Law 91-508, Title 15, U.S.C. Sections 1681, et seq. Please note, particularly, the Permissible Purposes of Reports, as well as requirements on Users of Consumer Reports and Obtaining Information Under False Pretenses.

I have read this release and consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

EMPLOYEE/APPLICANT SIGNATURE

PRINT NAME

SOCIAL SECURITY

DATE