AirTera Order Form

Rev. 20250916

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

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

* 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 $25.90 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.

9440 Double R BLVD, Reno, NV 89521
+1.703.842.5317 voice | +1.866.768.2881 fax
AirTera.com

Security. Safety. Compliance.

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Drug and Alcohol History Check (ref: 49 CFR Part 40.25b)
This section requires DOT-regulated operator to check the record of the new employees who were previously employed by a company subject to DOT regulations.

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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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 _____

AIRTERA

Drug & Alcohol History Records Check

Rev. 20250912

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, _____ (Company Name) at _____ (Street Address),

_____ (City), _____ (State), _____ (Zip code) to release my U.S. Department of Transportation drug and alcohol testing records to c/o AirTera, formerly NATA CS (Designated Employee Representative) at +1.866.768.2881 (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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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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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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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?
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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: _____

AIRTERA

Request For National Driver Register (NDR) File Check on Current or Prospective Employee

Rev. 20250912

ACCOUNT # 48267

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	☐ Driver Employer ☐ Railroad Company ☒ Air Carrier
C/O AirTera, formerly NATA Compliance Services	
TO THE SPECIFIC ATTENTION OF:	SUBSCRIBER TELEPHONE (703) 842-5317
MAILING ADDRESS: NUMBER AND STREET 9440 Double R. BLVD	FAX (866) 768-2881
CITY, STATE AND ZIP CODE Reno, NV 89521	

Driver Information

DRIVER'S (EMPLOYEE OR PROSPECTIVE EMPLOYEE) FULL LEGAL NAME (FIRST, MIDDLE AND LAST
OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER
DRIVER LICENSE NUMBER AND 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

NOTARY

State of _____

County of _____

This instrument was acknowledged before me on _____, 20____

by _____,

_____

Notary Public - State of _____