

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 (<i>per employee</i>) ¹	\$99.95
☐	FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database non-subscribers (<i>per employee</i>)	\$99.95
☐	FAA Pilot Records Database New Record Entry (<i>per page</i>) ¹	\$5.00
☐	FAA Pilot Records Database Historical Record Entry Enrollment - AirDock DOT & FAA Database subscribers (<i>per employee</i>)	\$69.95
☐	National Driver Register Check (NDR)	\$49.95
☐	Drug & Alcohol History Records Request (<i>per employer</i>)	\$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 (<i>per employer</i>) ^{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.



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: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

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: _____



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.
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(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): _____

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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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On behalf of _____
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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: _____

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☐ 2-Years

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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: _____

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

Name of Designated Employer Representative: _____ Title: _____

Phone Number: _____ Date: _____