

AirTera Order Form

Rev.20250916

Effective September 29, 2025

SECTION A: COM	/IPANY I	INFORMATION												
Company Name							Ai	rTera C	lient II	D:				
Street Address														
City					State					Zip				
Company Admin	Name					Title								
Email							Pho	one num	nber					
SECTION B: EMI	PLOYEE	/ APPLICANT INFO	RMATION											
First Name			Last Name						Middl	e Nam	е			
Street Address	_													
City					State									
Zip Code			Country o	f Resider	nce									
Date of Birth			Social Se	curity Nu	mber *									
SECTION C: BA	CKGRO	UND CHECK SERVI	CES											
FAA Pilot	Records	Database Records I	Retrieval <i>(per e</i>	mployee)	1								\$99.	95
		Database Historical scribers (per employ	-	Enrollmen	ıt - AirD	ock D	OT 8	FAA					\$99.	95
FAA Pilot	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) \$69.9					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 Accid	FAA Accident, Incident and Enforcement (AIE) Report ²					\$59.	.95							
U.S. Emp	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.



AIRTERA FAA PILOT RECORDS DATABASE (PRD) -**PILOT RECORDS REQUEST**

Employer:	Employee Full Name:	
	Airmen Certificate Number:	

PILOT RECORDS DATABASE REGISTRATION & CONSENT:

Ensure the steps outlined below have been completed

Step 1: Complete your registration as a pilot user for the Pilot Records Database (PRD)

If you have already completed this step, move to step 2. If you have not completed your registration as a pilot user for the Pilot Records Database (PRD), please follow the steps lined out on the attached document titled "PRD First Time User Registration".

Step 2: Grant consent to this aircraft operator to view your records within the Pilot Records Database (PRD)

If you have already completed this step, no further action is needed. If you have not granted consent to this aircraft operator to view your records within the Pilot Records Database (PRD), please follow the steps lined out on the attached document titled "How to release your pilot records to a potential employer using the Pilot Records Database (PRD)".

If you have questions about the PRD or need technical assistance, please email the PRD support office at 9-amcavs-PRDSupport@faa.gov

Rev 1 20240822

PRD First Time User Registration



The purpose of this document provides guidance on how to gain access to the FAA's Internal Network.

Table of ContentsGetting Started1First Time User Registration1If You Do Not Have an FAA User Account2If You Have an FAA User Account2First Time Register For Roles4Support and Resources6

Getting Started

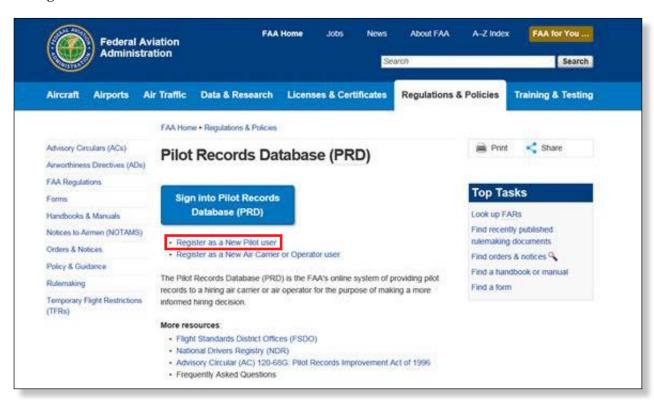


Note: Users must have a FAA MyAccess account in order to log into the PRD application. FAA MyAccess manages user IDs and security questions to control access. In addition, external users must go through an initial registration and approval process to be accorded an active role within the PRD External application. For help with External MyAccess procedure please see the corresponding Job Aid.

First Time User Registration

To submit a PRD External application registration request complete the following steps.

- 1) From your web browser please type https://www.prd.faa.gov.
- 2) Select "Register as a New Pilot User".



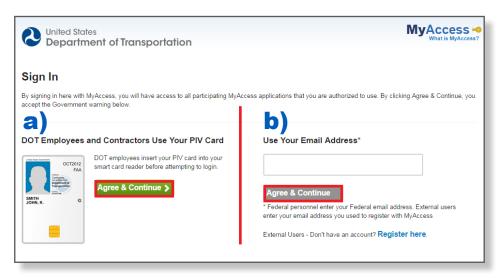
If You Do Not Have an FAA User Account



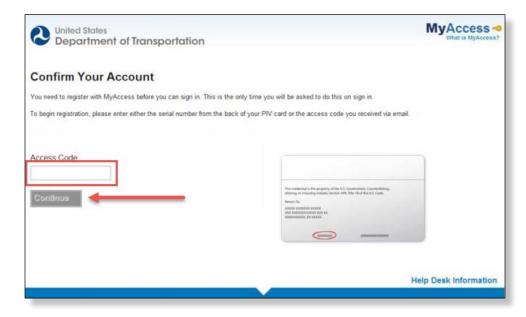
Note: If you do not have a FAA MyAccess user account, follow the procedure in the External MyAccess Job Aid.

If You Have an FAA User Account

- 3) MyAccess page will appear.
 - a) For FAA Employees who have a PIV card, click "Agree & Continue" on the left side.
 - b) For external users, enter the email address that you gave when setting up your External MyAccess then click "Agree and Continue" on the right side.



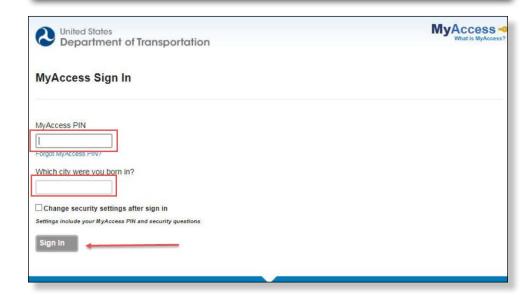
- 4) Confirm your account.
 - a) For FAA Employees that have a PIV card, select "Continue".
 - b) For external users enter the temporary access code provided to you in the email you received and click "Continue".



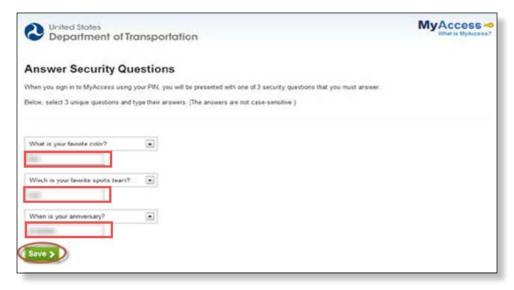
5) Create a MyAccess PIN number by entering a 6-8 digit number. Confirm your MyAccess PIN number by re-entering it, and clicking "Continue."



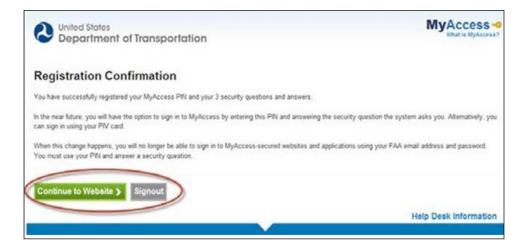
Note: Your MyAccess PIN Number <u>CAN</u> be the same as your PIV Card PIN number. <u>However</u>, your MyAccess PIN number is not associated with your PIV Card PIN number.



6) Select a Security Question from each of the drop-down boxes and provide an answer to each question. Click "Save" to proceed.



7) Once the information you provide is validated, you will receive the following confirmation. Select "Continue to Website" to proceed.



First Time Register For Roles

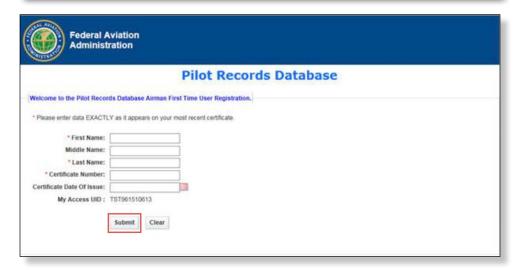


Note: First time users need to register and sign up for roles. There are two roles: one for Airmen and one for Air Carriers. Below is what will appear on the screen during this process.

1) Enter your First Name, Middle Name, Last Name, Certificate Number and Certificate Date of Issue <u>EXACTLY</u> as they appear on your most recent certificate. Click the "**Submit**" button.



Note: Your FAA Access ID is displayed as Read Only.



2) The next page is displayed if the credentials entered are validated against the data in the Comprehensive Airman Information System (CAIS) database.



Note: If the Pilot record is not found, a message is displayed indicating that the data cannot be validated, please try again.

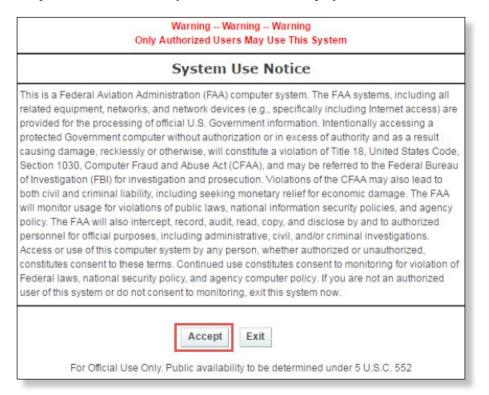
3) Several fields on this page will be auto-populated based on the entries and the data in the CAIS database. Enter your phone number, mobile number, and fax number in the appropriate fields. Select "Submit".



Note: Only your primary phone number and email address are required. The email address that is entered will be the one used for all notifications from the PRD application.



4) If your registration data passes validation, the System Use Notice is displayed.



- 5) You must read the Notice and select the **Accept** button to proceed.
- 6) You have now completed the First time Pilot User Registration and ready to log into the PRD.

Support and Resources

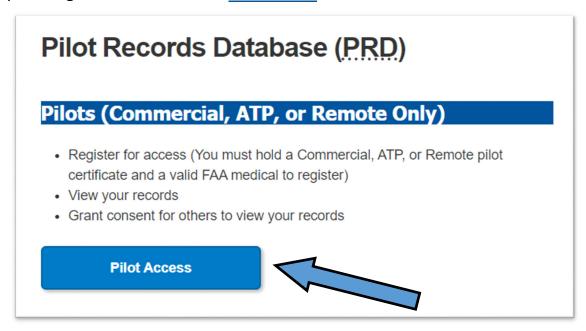


(844) FAA-MYIT (844) (322-6948) helpdesk@FAA.gov MyIT.faa.gov



How to release your pilot records to a potential employer using the Pilot Records Database (PRD)

1) Visit prd.faa.gov and click on the "Pilot Access" button.



- 2) Login via your MyAccess account or <u>create a new one</u> if you don't already have one. (See the Note at the end of this guide.)
- 3) Register in PRD if you have not already done so. Be sure to enter your *PILOT* certificate number and date of issuance; not any other certificate such as CFI. (See the Note at the end of this guide.)
- 4) Once in the PRD, you can review the information contained in the PRD for you.
- 5) Click on the "Experience" option from the menu bar.



- 6) Enter your current and/or former employers for which you were employed as a pilot within the previous five years, at a minimum. Select an employer from the Employer list and if not found, click the "Add New Employer" button to manually enter the employer.
- 7) Click the "Consent" option from the menu bar.
- 8) Start typing the name of the employer and select it from the list when it appears. Be careful to enter the correct name. If not sure, ask the employer what to select.

9) Specify how many days to release the records then press "Grant Consent". Let the employer know the records are available via the PRD.

Note: If you cannot access the PRD to grant consent for any reason, submit a <u>FAA Form</u> 8060-14 to grant consent to the employer.

Support questions can be sent to PRDsupport@faa.gov.



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

	PARTI
I. EMPLOYEE/APPLICANT:	
Employee Printed or Typed Name	Employee Social Security Number
I have been employed by one (or more) DOT-regulated containing company's policy. (Check one.) Yes	ompany and subject to DOT regulations within the last 2 years or more, per thes
If "Yes", provide name(s) of DOT-Regulated employer(s	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:	
which I have applied for, but did not obtain, safety-sensitive testing rules during the past two years or more, per the him testing rules during rules during the him testing rules during ru	
Employee/Applicant Signature	Date



- 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

~ F	Part I ~
I authorize my previous employer,	at, (Street Address)
(Company Name)	(Street Address) to release my U.S. Department of Transportation drug and
(City) , (State) , (Zip code)	
alcohol testing records to <u>c/o AirTera</u> , 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 co	mpany policy):
I understand that this release complies with the requirements of 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 regions. Information obtained from previous employers of a drug & alcohol testing regions. Documentation, if any, of completion of the return-to-duty process.	cohol rule violation
Employee-Applicant Name (Please Print):	
Employee-Applicant Signature:	Date:
~ P To be completed by the previous employer	Part II ~
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 to	ested?
Yes No 4. Did the employee have other vio	plations 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 process?	the above items, did the employee complete the return-to-duty
NOTE: If you answered "yes" to any of the above questions and/or return-to-duty documentation (e.g., SAP report(s), follows:	, you must provide the records concerning the result, violation llow-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: Da	



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2-Years	
More than 2 Years (please indicate how many, per your co	mpany policy):
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Employee-Applicant Name (Please Print):	
Employee-Applicant Signature:	Date:
~ P To be completed by the previous employer	Part II ~
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 to	ested?
Yes No 4. Did the employee have other vio	plations 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 process?	the above items, did the employee complete the return-to-duty
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Name of Designated Employer Representative:	Title:
Phone Number: Da	



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- Part I To be completed by the employer and signed by the employee-applicant
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	~ Part I ~	
I authorize my previous employer,(Company	at	(Street Address)
(Company		(Street Address) se my U.S. Department of Transportation drug and
(City)	(State) (Zip code)	e my 0.5. Department of Transportation drug and
alcohol testing records toc/o AirTera, form	nerly NATA CS a	<u>+1.866.768.2881</u>
(Designated Employee		(Fax No.)
On behalf of (New Employer Name)		
2-Years		
More than 2 Years (please indicate ho	ow many, per your company policy):	
I understand that this release complies with is limited to the below DOT drug and alcohol	· · · · · · · · · · · · · · · · · · ·	Part 40 §40.25 and FAA regulation 14 CFR Part 120; and
1. Alcohol tests with a result of 0.04 or hig2. Verified positive drug tests	her	
3. Refusals to be tested	data bata aga a sa daga a	
4. Other violations of DOT agency drug ar5. Information obtained from previous emp		tion
6. Documentation, if any, of completion of		
Employee-Applicant Name (Please Print): _		
Frankrica Anglicant Cinnetino		
Employee-Applicant Signature:		Date:
Employee-Applicant Signature:		Date:
	~ Part II ~	Date:
To be completed by the previous employ Part II-A. While employed	~ Part II ~	Date:
To be completed by the previous employ Part II-A. While employed	~ Part II ~	
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To be completed by the previous employ Part II-A. While employed Yes No 1. Did the employed in the employe	~ Part II ~ ver ployee have alcohol tests with a res ployee have verified positive drug to ployee refuse to be tested?	sult of 0.04 or higher?
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To be completed by the previous employed Yes No 1. Did the employed Yes No 2. Did the employed in the	~ Part II ~ ver ployee have alcohol tests with a resployee have verified positive drug to ployee refuse to be tested? ployee have other violations of DOT ous employer or the employee repowered "yes" to any of the above item the above questions, you must propaga, SAP report(s), follow-up testing	ests? agency drug & alcohol testing regulations? rt a drug and alcohol rule violation to you? s, did the employee complete the return-to-duty evide the records concerning the result, violation
To be completed by the previous employed Yes No 1. Did the employed Yes No 2. Did the employed in the	~ Part II ~ yer ployee have alcohol tests with a resployee have verified positive drug to ployee refuse to be tested? ployee have other violations of DOT ous employer or the employee repowered "yes" to any of the above item the above questions, you must propose, SAP report(s), follow-up testing ang information in 11-A:	ests? agency drug & alcohol testing regulations? rt a drug and alcohol rule violation to you? s, did the employee complete the return-to-duty evide the records concerning the result, violation

Rev. 20250912



AIRTERA Drug & Alcohol History Records Check

- 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

~ Pa	urt I ~
I authorize my previous employer,	at, (Street Address)
(Company Name)	(Street Address) to release my U.S. Department of Transportation drug and
(City) (State) (Zip code)	
alcohol testing records to <u>c/o AirTera, formerly NATA CS</u> (Designated Employee Representative)	at <u>+1.866.768.2881</u> ,
On behalf of	<u> </u>
(New Employer Name)	
2-Years	
More than 2 Years (please indicate how many, per your com	pany policy):
is limited to the below DOT drug and alcohol testing items:	OT 49 CFR Part 40 §40.25 and FAA regulation 14 CFR Part 120; and
Alcohol tests with a result of 0.04 or higher Verified positive drug tests	
3. Refusals to be tested	
4. Other violations of DOT agency drug and alcohol testing regula	
5. Information obtained from previous employers of a drug & alco6. Documentation, if any, of completion of the return-to-duty process	
Employee-Applicant Name (Please Print):	
Employee-Applicant Signature:	Date:
~ Pa	rt II ~
~ Pa	
~ Pa	
~ Pa	rt II ~
~ Pa To be completed by the previous employer Part II-A. While employed	rt II ~
To be completed by the previous employer Part II-A. While employed Yes No 1. Did the employee have alcohol test	ets with a result of 0.04 or higher? sitive drug tests?
To be completed by the previous employer Part II-A. While employed Yes No 1. Did the employee have alcohol test Yes No 2. Did the employee have verified port Yes No 3. Did the employee refuse to be test	ets with a result of 0.04 or higher? sitive drug tests?
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To be completed by the previous employer Part II-A. While employed Yes No 1. Did the employee have alcohol test Yes No 2. Did the employee have verified potential. Yes No 3. Did the employee refuse to be test Yes No 4. Did the employee have other violations. Yes No 5. Did a previous employer or the employee of the employee of the employee of the employee of the employee or the employee of the employee of the employee of the employee or the employee of the employee	ets with a result of 0.04 or higher? sitive drug tests? ted? tions of DOT agency drug & alcohol testing regulations?
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Yes No 3. Did the employee refuse to be to	ested?
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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: Da	



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

ACCOUNT #

48267

Rev. 20250912

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.

(0)		· , · · (., · · · g · · · · · p · , · ·		
Current or Prospective Employer to Receive the NDR Search Results				
EMPLOYER OR AGENCY NAME C/O AirTera, formerly NATA Compliance Services	Driver Emplo	oyer Railroad Company X Air Carrier		
O THE SPECIFIC ATTENTION OF:		SUBSCRIBER TELEPHONE (703) 842-5317		
ILING ADDRESS: NUMBER AND STREET 9440 Double R BLVD		FAX (866) 768-2881		
CITY, STATE AND ZIP CODE Reno, NV 89521				
Driver Ir	nformation			
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 Drivsent only to the employer or agency listed above on this form. Under	• ,	•		
from the NDR. I also understand that if convictions, suspensions or rapplications or interviews, I might not be hired as a driver or could lotake action on my driver license including suspension, cancellation of search of the NDR and any resulting reports to be sent to the employ	se my job as a driv or revocation. I her	ver, and the State where I am licensed may also eby, with my signature, authorize a one-time file		
DRIVER'S SIGNATURE (EMPLOYEE OR PROSPECTIVE EMPLOYEE)		DATE		
State of County of This instrument was acknowledged before me on by	, 20			

Notary Public - State of