

**CONSORTIUM MEMBER
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT**

New Plan Plan Amendment

1. Consortium Name: NADE NATIONAL ASSOCIATION OF DRUG FREE EMPLOYEES
 Address: 811 Jericho Turnpike
 City: SMITHTOWN State: NY Zip: 11787
 Telephone Number: (voice) 516-361-6287 (fax) 516361-8893
 Consortium Plan Identification Number: E-EA-00010/11-II

Karen L. Tusinean KAREN L. TUSINEAN 10/15/99
 Signature Consortium ADPM Typed/Printed Name Consortium ADPM Date

2. Company/Operator Name: AVIATION AVIONICS & INSTRUMENT CORP.
 d/b/a (if applicable) _____
 Address: 210 HANSE AVE.
 City: FREEPORT State: NY Zip: 11520
 Telephone number: (voice) 516 868-7700 (fax) 516868-2090

3. Company/Operator Antidrug Program Manager (ADPM): HENRY GEISPERGER

Type of Operator:	FAA Operating Certificate	Issue Date
<input type="checkbox"/> Part 121.		
<input type="checkbox"/> Part 135.		
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station)	HCSR256K	MAY 17 1989
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

RECEIVED-FAA
DRUG ABUSE/TEST DIVISION
99 NOV -1 PM 2:07

FOR FAA USE ONLY	
Plan Identification Number	<u>E-EA-00011-U (D-EA-189)</u>
	NOV - 3 1999
APPROVED	<u>Vicki McQuest</u>
Drug Abuse/Testing Division Federal Aviation Administration	

5. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	_____ 20
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	_____ 20		

6. Contractors: Part 121, 135, 135.1(c) operators will ensure that any contract company's employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.

7. Medical Review Officer (MRO): As identified in consortium program.

8. DHHS-Certified Laboratory (Primary): As identified in consortium program.

9. DHHS-Certified Laboratory (Split Specimen):

Name _____

Address _____

City _____ State _____ Zip _____

OR:

Employees will have the option of selecting any DHHS-certified laboratory to test split specimens in the event of verified positive drug tests.

10. Specimen Collection Procedures: As listed in consortium program

11. EAP Education and Training: As outlined in consortium program.

12. Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up: As outlined in consortium program.

13. Recordkeeping/Confidentiality: All employers are responsible for maintaining antidrug program records. Records will be maintained in accordance with the requirements of part 121, appendices I and J. The company/operator will release drug testing results and rehabilitation information only with the written consent of the employee involved with the exceptions provided in part 121, appendices I and J.

14. Reporting: Annual reports of antidrug and alcohol misuse prevention program results will be provided to the FAA in accordance with the requirements of 14 CFR part 121, appendices I and J.

This plan/amendment supercedes all previously submitted plans/amendments.

Company/Operator Certification Statement:

I certify that I am authorized to represent AVIATION AVIONICS & INSTRUMENT in this matter, that the
(company/operator name) CORP
information in this document is correct to the best of my knowledge and belief, and that
AVIATION AVIONICS & INSTRUMENT will comply with the provisions of the FAA's antidrug and
(company/operator name) CORP
alcohol misuse prevention programs regulations. If your consortium is in noncompliance with DOT or
FAA regulations, you are responsible for the noncompliance and are subject to FAA sanctions.

Signature Henry Geisberger Date 10/13/99
Typed name HENRY GEISBERGER Title CHIEF INSPECTOR
(Company/Operator ADPM)

The Paperwork Reduction Act Statement: The information collected on this form is necessary to determine compliance with the antidrug and alcohol misuse prevention programs. In completing the certification statement, we estimate that it will take 1-1/2 hours. The portion required for the alcohol program is estimated to take 6 minutes to complete. If you wish to make any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden, send those comments to the Federal Aviation Administration, Office of Aviation Medicine, Implementation, Regulations and Policy Branch, AAM-810, 800 Independence Avenue, SW., Washington, DC 20591. The information collection is mandatory. (14 CFR part 61, et al, Antidrug Program for Personnel Engaged in Specified Aviation Activities and 14 CFR part 61, et al. Alcohol Misuse Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers associated with this collection are 2120-0535 and 2120-0571.