OMB approved 2120-0536/0571

CONSORTIUM MEMBER
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT

☐ New Plan ☒ Plan Amendment

1. **Consortium Name:** Aviation Compliance Services
   Address: 2853 E. 89th St.
   City: Tulsa **State:** OK **Zip:** 74137
   Telephone Number: (voice) 918-298-1179 **(fax)** 918-298-1130
   Consortium Plan Identification Number: E-SW-00249-U

   Kimberly LeBlanc — Kimberly LeBlanc — 8-7-07
   Signature Consortium ADPM — Typed/Printed Name Consortium ADPM — Date

2. **Company/Operator Name:** Quality Aircraft Accessories
   d/b/a (if applicable)
   Address: 5746 E. Apache
   City: Tulsa **State:** OK **Zip:** 74115
   Telephone number: (voice) 918-835-6948 **(fax)** 918 835-2804

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

4. **Type of Operator:**

	FAA Operating Certificate	Issue Date
☐ Part 121.		
☐ Part 135.		
☐ Part 135.1(c) operator (sightseeing only).	N/A	N/A
☒ Part 145 (repair station)	QYIR334Y	04-15-99
☐ ATC facility.	N/A	N/A
☐ Contractor.	N/A	N/A

FOR FAA USE ONLY

Identification Number E-SW-00249-U (D-SW-049)

APPROVED C. Bradshaw **DATE** 6-30-99

Drug Abatement Division
Federal Aviation Administration

5. **Number of Safety-Sensitive Employees:**

Flight Crewmember	_____	Aircraft Maintenance	13
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	13		

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 Quest Diagnostics

Address 10101 Renner Rd.

City Lenexa **State** KS **Zip** 66300

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 Quality Aircraft Access, in this matter, that the
(*company/operator name*)
information in this document is correct to the best of my knowledge and belief, and that
Quality Aircraft Access. will comply with the provisions of the FAA's antidrug and
(*company/operator name*)
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 _____ **Date** 08/07/2007

Typed name Justin R. Hicks **Title** Owner
(*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.