



Questions? CALL 1.800.788.3210
 FAX 1.866.768.2881 (alt) 1.800.682.1969 or
 Email Services@NATAcs.aero or
 Mail: 9400 Gateway Drive, Suite D, Reno, NV 89521

ORDER FORM for Background Check Services effective November 1, 2010

Members of the National Air Transportation Association ~ Qualify for **10% Discount** off of Background Check Service Items

| | | | |
|---------------------------------|--|-----------------------|----------|
| 1. Company Name: | | | |
| 2. Address | | 3. City | 4. State |
| 5. Zip | | | |
| 6. Company Contact Name & Title | | 7. eMail Address | |
| 8. Direct Number & Extension | | 9. Secured FAX Number | |

Section B: EMPLOYEE | APPLICANT INFORMATION:

| | | | | | | | |
|--------------|--|---------------|--|----------------------------|--|--------------|--|
| 1. Last Name | | 2. First Name | | 3. Middle Name | | 4. Birthdate | |
| 5. Address | | 6. City | | 7. State | | 8. Zip | |
| 9. Position | | | | 10. Social Security Number | | | |

Section C: Request Service Type [Background Check Packages]

| | | |
|---|--|--|
| 1) \$19.95 <input type="checkbox"/> Employee Basic ¹ <input checked="" type="checkbox"/> Identity Check | 2) \$47.90 <input type="checkbox"/> Employee Advanced ¹ <input checked="" type="checkbox"/> Identity Check <input checked="" type="checkbox"/> National Criminal Check | 3) \$59.95 <input type="checkbox"/> 2 Year Drug & Alcohol History <input checked="" type="checkbox"/> 2 Year Drug & Alcohol History Check <i>(Covers all DOT employers within 2 yr period)</i> |
| 4) \$157.28 <input type="checkbox"/> Employee + DOT Compliance <input checked="" type="checkbox"/> Identity Check <input checked="" type="checkbox"/> National Criminal Check <input checked="" type="checkbox"/> Motor Vehicle Driving Record Checks ³ <input checked="" type="checkbox"/> DOT Drug/Alcohol History Check <input checked="" type="checkbox"/> FAA Certificate/License Check | 5) \$199.00 <input type="checkbox"/> Pilot PRIA Package <input checked="" type="checkbox"/> Identity Check <input checked="" type="checkbox"/> National Criminal Check <input checked="" type="checkbox"/> National Driver Register ² <input checked="" type="checkbox"/> 5 Year DOT Drug/Alcohol History Check <input checked="" type="checkbox"/> FAA Records Check <input checked="" type="checkbox"/> Air Carrier Records Check ³ | 6) \$150.00 <input type="checkbox"/> Pilot PRIA Only <input checked="" type="checkbox"/> National Driver Registry ² <input checked="" type="checkbox"/> 5 Year DOT Drug/Alcohol History Check <input checked="" type="checkbox"/> FAA Records Check <input checked="" type="checkbox"/> Air Carrier Records Check ³ |
| 7) \$71.82 <input type="checkbox"/> Employee History Package ¹ <input checked="" type="checkbox"/> Identity Check <input checked="" type="checkbox"/> Employment Verification (X3) ³ | 8) \$49.95 <input type="checkbox"/> DASP Airman <input checked="" type="checkbox"/> DASP Airman File Check | |
| 9) \$80.87 <input type="checkbox"/> Employment Background Package ¹ <input checked="" type="checkbox"/> Identity Check <input checked="" type="checkbox"/> National Criminal Check <input checked="" type="checkbox"/> Motor Vehicle Driving Record Check ³ | 10) \$134.73 <input type="checkbox"/> Employment History & Background Package ¹ <input checked="" type="checkbox"/> Identity Check <input checked="" type="checkbox"/> Employment Verification (X3) ³ <input checked="" type="checkbox"/> National Criminal Check <input checked="" type="checkbox"/> Motor Vehicle Driving Record Check ³ | |

Section D: Additional Services

| | |
|---|--|
| 1. <input type="checkbox"/> Employment Verification per employer ¹ \$19.95 | 2. <input type="checkbox"/> Education Verification per school ³ \$24.95 |
| 3. <input type="checkbox"/> Motor Vehicle Driving Record Check ^{1&3} \$29.95 | 4. <input type="checkbox"/> Identity Check ¹ \$19.95 |
| 5. <input type="checkbox"/> National Driver Register Check ² \$29.95 | 6. <input type="checkbox"/> FAA Certificate/License Check \$24.95 |
| 7. <input type="checkbox"/> FAA Records Check \$24.95 | 8. <input type="checkbox"/> FAA Accident/Incident/Enforcement Check (FOIA) \$44.95 |
| 9. <input type="checkbox"/> Air Carrier Records Check per employer ³ \$24.95 | 10. <input type="checkbox"/> Notice of Disapproval \$99.95 |
| 11. <input type="checkbox"/> Drug & Alcohol History Check per employer \$29.95 | 12. <input type="checkbox"/> Credit History Check \$29.95 |
| 13. <input type="checkbox"/> National Criminal History Check ¹ \$39.95 | 14. <input type="checkbox"/> Worker's Comp History \$49.95 |
| 15. <input type="checkbox"/> COUNTY Criminal History Check ³ \$29.90 To specify the COUNTY, please list below: a.) b.) c.) d.) | 16. <input type="checkbox"/> State Criminal History Check \$29.95 To specify the STATE, please list below: a.) b.) c.) d.) |

Section E: Service Reports Method of Delivery | Notes

All forms, verifications and reports are posted on www.NATAcs.aero. Company authorized contact may access via secured login.

¹ \$12.95 Application Processing Fee will be charged for web-enabled services per employee/applicant

² Original NDR documents must be MAILED to NATACS for processing.

³ Direct Pass-through expenses shall be invoiced.



DASSP – DCA Access Standard Security Program Requirements and How to Comply

1. Ensure that you have registered your company to receive your username and password to enroll persons that must comply with the DASSP's Fingerprint-based Criminal History Records Check requirements. Register via www.NATACS.aero.
2. To undergo a check of the FAA records, the flight crewmember must complete the attached Request for Copy of Airman File and fax completed form to 1.866.768.2881 (or 1.800.682.1969 alt fax).

Cost to obtain Airman File is \$49.95. Payment to process and obtain FAA records must be made at time of order by either operator (employer) or flight crewmember.

3. Name-based security threat assessment shall be completed as part of the DASP application process.

Attachments:

Background Check Order Form (For Operator/Employer to Complete)

Request for Airman File (For Airman to Complete)

Credit Card Authorization Form (For payment by either Airman or Operator. Request for File will not be process until payment is received.).

For questions or assistance, contact NATA Compliance Services 1.800.788.3210 or info@NATACS.aero.

**U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration
AIRMEN CERTIFICATION BRANCH, AFS-760**

**REQUEST FOR COPIES OF MY COMPLETE AIRMAN CERTIFICATION FILE TO BE
RELEASED TO A THIRD PARTY**

PRIVACY ACT: This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) is optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airmen qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airmen Information System.

Full Name (As it appears on airman certificate/Please print.)

Date of Birth

Place of Birth

(Social Security Number, Certificate Number, Class of Certificate)

(Current Street Address, Apt/Suite Number, PO Box/Rural Route Number)

City

State

Zip Code

Please mail my complete airman file to the following name and address:

NATA Compliance Services

9400 Gateway Drive, Suite D

Reno, NV 89521

FAX 866 768 2881 or 800 682 1969

I authorize the Federal Aviation Administration to release copies of my complete airman file to the person or company listed above.

Signature (Typed or printed signature is not acceptable.)

Date



CREDIT CARD AUTHORIZATION

COMPANY INFORMATION: [* denotes required information]

PO#:

* Company Name:

* Contact Name: Title:

Address:

* Phone: eMail address:

CREDIT CARD INFORMATION: [* denotes required information]

* Type: (check one) VISA MasterCard American Express * Security Code:

* Account #:

* Exp Date:
M M D D Y Y Y Y

* Name: (as it appears on the card)

* Address: (where credit card statements are sent to)

City: State: ZIP:

* Amount authorized: \$

* Signature:

* Date:
M M D D Y Y Y Y

If paying one or more invoices using this credit card, please list the invoice number(s) that this payment is to be applied to. *Thank you for your payment.*