

Pursuant to Title 49 Code of Federal Regulations 49 CFR § 40.25 AirFlyte must, after obtaining an employee's written consent, request drug and alcohol testing records from the prospective employee's previous employer if that prospective employee is intending to perform safety-sensitive duties. If feasible, AirFlyte must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, AirFlyte must obtain and review the information as soon as possible. However, AirFlyte will not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless a documented good faith effort has been made to obtain this information.

PART I (to be completed by AirFlyte, signed by the applicant/employee, and transmitted to the previous employer(s)).

TO: _____
(Previous Employer Name - Printed)

(Street Address) (City) (State) (Zip Code)

I, _____ SSN: _____
(Applicant/Employee Name - Printed) (Optional)

have applied for employment with AirFlyte, Incorporated, 14 CFR Part 145 Repair Station Number QFYR349K, and hereby authorize the release of records from the Department of Transportation mandated safety-sensitive drug and alcohol testing of me by my previous employer to:

(Printed name of the Designated Employer Representative (DER) authorized to receive the released records) Fax number: _____
(Administrative fax number for AirFlyte)

I understand that this release of 5 years of records by my previous employer satisfies the requirements of DOT Code of Federal Regulations 49 CFR § 40.25(a)-(i) and CFR § 40.333, and is limited to the following DOT-regulated testing records:

1. Confirmed alcohol test results indicating an alcohol concentration of 0.04 or greater;
2. Verified positive drug test results;
3. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated test results);
4. Documentation of other violations of DOT agency drug and alcohol testing regulations;
5. Substance Abuse Professional (SAP) reports;
6. All follow-up test results and schedules for follow-up tests, including documentation of each return-to-duty test;
7. Information obtained from previous employers under 49 CFR § 40.25 concerning drug and/or alcohol violations;
8. Records of negative and cancelled drug test results, and confirmed alcohol test results with an alcohol concentration of less than 0.039.

APPLICANT SIGNATURE: _____ DATE: _____

PART II (to be completed by the previous employer (DER) and transmitted by mail or fax to AirFlyte).

In the 5 year period, prior to the date of the employee's signature in Part I, for DOT regulated testing:

1. Did the employee have any confirmed alcohol tests with a concentration of 0.04 or higher? YES NO
2. Did the employee have any verified positive drug test? YES NO
3. Did the employee refuse to be tested? YES NO
4. Did the employee have other violations of DOT agency drug and/or alcohol testing regulations? YES NO
5. Did a previous employer report a drug and/or alcohol rule violation to you? YES NO
6. If you answered 'yes' to any of the above items, did the employee complete the 'return-to-duty' process? YES NO

If you answered 'yes' to item 6, please provide the appropriate return-to-duty documentation (SAP reports and follow-up testing).

Name of the Designated Employer Representative (DER) providing the records: _____

Phone Number: _____ Email or Fax Number: _____ Date: _____