

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

New Plan  Plan Amendment

1. Consortium Name: RAA Aviation Associates' Anti-Drug Consortium

Address: 2025 M Street, -NW, Suite 800

City: Washington, D.C. State: \_\_\_\_\_ Zip: 20036-3309

Telephone Number: (voice) 202-367-1170 (fax) 202-367-2170

Consortium Plan Identification Number: E-EA-00111-U

Deborah C. McElroy Signature Consortium ADPM  
Deborah C. McElroy Typed/Printed Consortium ADPM  
8/18/03 Date

2. Company/Operator Name: AERO INSTRUMENTS & AVIONICS Inc.

d/b/a (if applicable) (D-EA-099)

Address: 7290 NASH ROAD

City: North Tonawanda State: N.Y. Zip: 14120

Telephone number: (voice) 716-694-7060 (fax) 716-694-7594

3. Company/Operator Antidrug Program Manager (ADPM): TIMOTHY J. Williams

4. 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).	<u>NC1 R343K</u>	
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

**FOR FAA USE ONLY**

Identification Number \_\_\_\_\_

APPROVED \_\_\_\_\_

Drug Abatement Division  
Federal Aviation Administration

This change to your antidrug/abatement program  
 has been received.  
 C. Hamm  
 Drug Abatement Division  
 Federal Aviation Administration  
 OCT 22 2003

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

Flight Crewmember	_____	Aircraft Maintenance	_____
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
<b>Total</b>	<u>          </u>		

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 AERO Instruments & Avionics Inc in this matter,  
(company/operator name)  
that the information in this document is correct to the best of my knowledge and belief, and that  
AERO Instruments & Avionics Inc will comply with the provisions of the FAA's antidrug and  
(company/operator name)  
alcohol misuse prevention programs regulations. If your consortium is in non compliance with  
DOT or FAA regulations, you are responsible for the noncompliance and are subject to FAA  
sanctions.

Signature Timothy J. Williams Date 8/12/03

Typed Name TIMOTHY J. WILLIAMS Title CONTROLLER  
(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 1½ 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, SE., Washington, DC 20591. The information collection is mandatory. (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.