

**A449. Antidrug and Alcohol Misuse Prevention Program**

**HQ Control: 01/22/04**  
**HQ Revision: 000**

- a. The Part 145 repair station certificate holder has elected to implement an Antidrug and Alcohol Misuse Prevention Program, because the certificate holder performs safety-sensitive functions for a 14 CFR Part 121, and 135 certificate holder and/or for a 14 CFR Part 91 sightseeing operation as defined by 14 CFR §135.1(c).
- b. The certificate holder certifies that it will comply with the requirements of 14 CFR Part 121 appendices I and J and 49 CFR Part 40 for its Antidrug and Alcohol Misuse Prevention Program.
- c. Antidrug and Alcohol Misuse Prevention Program records are maintained and available for inspection by the FAA's Drug Abatement Compliance and Enforcement Inspectors at the location listed in Table 1 below:

**Table 1**

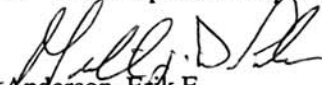
<b>Location &amp; Telephone of Antidrug and Alcohol Misuse Prevention Program Records:</b>	
<b>Telephone Number:</b>	(631) 399-2244
<b>Address:</b>	222 Grand Avenue
<b>Address:</b>	Brookhaven Airport
<b>City:</b>	Shirley
<b>State:</b>	NY
<b>Zip code:</b>	11967

d. Limitations and Provisions.

- (1) Antidrug and Alcohol Misuse Prevention Program inspections and enforcement activity will be conducted by the Drug Abatement Division. Questions regarding these programs should be directed to the Drug Abatement Division.
- (2) The certificate holder is responsible for updating this operations specification when any of the following changes occur:
  - (a) Location or phone number where the Antidrug and Alcohol Misuse Prevention Program Records are kept.
  - (b) If the certificate holder's number of safety-sensitive employees goes to 50 and above, or falls below 50 safety-sensitive employees.
- (3) The certificate holder with 50 or more employees performing a safety-sensitive function on January 1 of the calendar year must submit an annual report to the Drug Abatement Division of the FAA.
- (4) The certificate holder with fewer than 50 employees performing a safety-sensitive function on January 1 of any calendar year must submit an annual report upon request of the Administrator, as specified in the regulations.

The certificate holder has fewer than 50 safety-sensitive employees.


1. Issued by the Federal Aviation Administration.
2. These Operations Specifications are approved by direction of the Administrator.

*For*   
Anderson, Erik F

Principal Maintenance Inspector

EA11

3. Date Approval is effective: 2/26/04 Amendment Number: 0
4. I hereby accept and receive the Operations Specifications in this paragraph.

  
Leslie, Jamie

Chief Inspector

Date: 2/26/04



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

800 Independence Ave., S.W.  
Washington, D.C. 20591

JUL 28 1990

Plan Identification No. E-EA-00010-U  
[D-EA-361]

Mr. James Leslie  
North American Aviation Supply Corp.  
Hangar 1, Smithtown Ave.  
Ronkonkoma, NY 11779

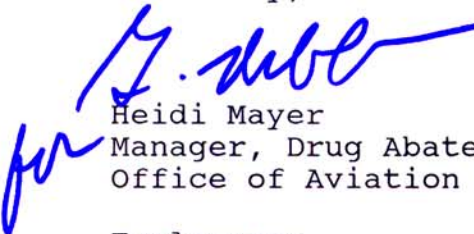
Dear Mr. Leslie:

I am pleased to inform you that your enclosed anti-drug plan has been approved by the Federal Aviation Administration (FAA). Under the terms of this approval, you are authorized to begin testing covered employees on December 11, 1990. You may implement other provisions of your program such as employee education and training prior to the commencement of testing. This approval is also contingent on your continuing association with the National Association of Drug-Free Employees, Inc. Consortium as specified in your plan. Should you terminate or modify the terms of your consortium membership, you must notify FAA, and submit an alternative plan for meeting the requirements of the drug testing program. Your plan has been issued the unique identification number shown above. Please be sure to include this number in any communication to the FAA regarding your program.

Federal Aviation Regulations require submission of semi-annual and annual reports to the FAA Office of Aviation Medicine. Initial reports should be submitted by August 15, 1991, and should cover the period from initial implementation of your program through June 30, 1991. A sample reporting format is enclosed. Reports may be submitted directly to FAA, or through your approved consortium depending on the terms of your membership.

Please feel free to contact this office if you have any questions regarding the FAA Anti-Drug Program.

Sincerely,

  
Heidi Mayer  
Manager, Drug Abatement Branch  
Office of Aviation Medicine

Enclosures

cc: National Association of Drug-Free Employees, Inc.



U.S. Department  
of Transportation

**Federal Aviation  
Administration**

800 Independence Ave., S.W.  
Washington, D.C. 20591

Plan Number: E-EA-00010-U  
(D-EA-361)

OCT 27 1992

James Leslie  
North American Aviation Support Corp.  
Brookhaven Airport  
222 Grand Avenue  
Shirley, NY 11967

Dear Mr. Leslie:

Thank you for notifying this office of your change in company address from Ronkonkoma, NY to Shirley, NY.

We have amended our records to reflect this change. Your approved anti-drug program, plan number shown at the top of this page, remains in effect.

Sincerely,

  
William R. McAndrew

Acting Manager, Drug Abatement Division  
Office of Aviation Medicine

Enclosure



NAASCO NORTHEAST  
FAA ALCOHOL MISUSE PREVENTION PROGRAM (AMPP)  
CERTIFICATION STATEMENT

E-EA-00010-U  
[D-EA-361]

PART I - EMPLOYER INFORMATION

1. EMPLOYER/CONTRACTOR COMPANY NAME/ADDRESS/TELEPHONE:

NAASCO NORTHEAST  
222 GRANDE AVENUE, BROOKHAVEN TOWN AIRPORT  
SHIRLEY, NY 11967  
(516) 399-2244 (VOICE) / (516) 399-2275 (FAX)

2. AMPP PROGRAM MANAGER NAME/ADDRESS/TELEPHONE:

JIM LESLIE  
NAASCO NORTHEAST  
222 GRANDE AVENUE, BROOKHAVEN TOWN AIRPORT  
SHIRLEY, NY 11967  
(516) 399-2244 (VOICE) / (516) 399-2275 (FAX)

RECEIVED  
6 JUN 14 AM 10:09  
ENR'S ADMIN. MGMT  
DIVISION  
FALL-R-000

3. CERTIFICATES ISSUED BY THE FAA:

Operating Certificate No.: FD1R135K  
Date Issued: 10-26-84

4. IMPLEMENTATION DATE - The carrier will begin its alcohol testing program on 7-1-85

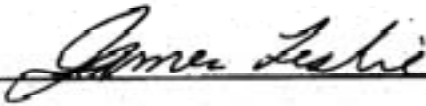
5. CONSORTIUM - The consortium that provides AMPP services:

National Association of Drug Free Employees, Inc.  
811 Jericho Turnpike, Suite 202W  
Smithtown, NY 11787-3220  
(516) 361-6287 (VOICE) / (516) 361-8893 (FAX)

PART II - CERTIFICATION STATEMENT

I certify that I am authorized to represent NAASCO NORTHEAST in this matter, that the information in Part I of this document is correct to the best of my knowledge and belief, and that NAASCO NORTHEAST will comply with the provisions of the Federal Aviation Administration's alcohol misuse prevention program regulations and with the terms herein.

JIM LESLIE



(Signature)

6-27-84

(Date)

GENERAL MANAGER

(Title)