

FAA DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION (sample form)

(Document relocated at http://www.faa.gov/about/office_org/headquarters_offices/ast/office_of_drug_and_alcohol_testing/medical/RegistrationForm.pdf)

Check one: New Registration Registration Renewal (CONN 248C) Registration Amendment (CONN 248C)

Type of Company: Contractor (if you are a part 145 certificate holder, list certificate numbers to be covered under this registration below) Air traffic control facility not operated by the FAA or by or under contract to the U.S. Military

Company Name: INNOVATIVE TURBINE AIRCRAFT SOLUTIONS, LLC

Physical Address: 62512 AIRPORT RD, #14 SLIDELL LA 70460
Address City State Zip

Check box, if your program records are kept at the physical address location

Mailing Address: SAME AS PHYSICAL ADDRESS
Address City State Zip

Check box, if your program records are kept at the mailing address location

Records Address: N/A
Address City State Zip

(The records address, if different, should be the location where an inspection would be held, NOT the address of a service agent.)

List DBA's and/or part 145 certificates covered by this registration, if applicable (use attachment if necessary):
N/A N/A N/A

Identify the type of safety-sensitive function(s) included in your program:

- Flight crewmember duties
- Flight attendant duties
- Flight instructor duties
- Aircraft dispatcher duties
- Ground security coordinator duties
- Aircraft maintenance or preventive maintenance duties (as defined in 14 CFR part 43)
- Air traffic control duties
- Aviation screening duties
- Operations control specialist duties

Please describe the safety-sensitive duties you plan to provide (use attachment if necessary). Any maintenance or repairs requested by transient or local customers with a part 135 certificate that we have manual, equipment & ability to perform.

How many safety-sensitive employees will be covered by this Registration: 4
Indicate whether you are: A Staffing Company Not A Staffing Company

Certification Statement: I certify that I/my company will comply with 14 CFR part 120 and 49 CFR part 40. If I am a contractor, I certify that I intend to provide safety-sensitive functions, directly or by contract, to a part 119 certificate holder with authority to operate under part 121 or 135, an air traffic control facility not operated by the FAA or by or under contract to the U.S. military, or an Air Tour Operator conducting flights under part 91.147.

Signature: Judy Heimbeck Date: 02/17/2020
Authorized Representative (Service Agents may not sign for company)

Print Name: Judy Heimbeck Title: Co-owner & DER

Telephone: Business - 985-288-5701 Facsimile - 985-288-5703 Cell - 985-788-5916

E-mail address: judy@innovativeturbine.com

Send form to: Federal Aviation Administration, Drug Abatement Division (AAM-810)
800 Independence Avenue, S.W., Room 806
Washington, DC 20591
Fax Number - (202) 267-5200; Email - drugabatement@faa.gov Office Number - (202) 267-8442;

DO NOT WRITE BELOW - FOR FAA USE ONLY

FAA Registration number: CONN 248C Registered by: Tamika D. Turner-Graydon Digitally signed by Tamika D. Turner-Graydon Date: 2020.03.05 09:21:08 -05'00'
Date Registered/Amended/Renewed: 3/5/2020 Expiration Date: 3/5/2023

Revision 11d JUN 1, 2015

For more information on the FAA drug and alcohol testing program, please visit: <http://www.faa.gov/ga/drugabatement>