



Questions? CALL +1.703.842.5317
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 January 3, 2020

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

SECTION A: COMPANY INFORMATION

1. Company Name		2. Client ID # <i>(required)</i>	
3. Address			
4. City	5. State	6. Postal Code	
7. Company Contact Name & Title		8. Email	
9. Direct Phone & Extension		10. Secured Fax Number	

SECTION B: EMPLOYEE / APPLICANT INFORMATION

1. Last Name	2. First Name	3. Middle Name
4. Address		5. Birthdate *
6. City	7. State	8. Postal Code
9. Position		10. Social Security Number *

SECTION C: REQUEST SERVICE TYPE (BACKGROUND CHECK PACKAGES)

1) <input type="checkbox"/> Employee Basic Plus¹ \$54.95 <ul style="list-style-type: none"> Identity Check National Criminal Check 	2) <input type="checkbox"/> 2 Year Drug & Alcohol History \$69.95 <ul style="list-style-type: none"> 2 Year DOT Drug & Alcohol History Check (Covers all DOT employers within 2-year period)
3) <input type="checkbox"/> Advanced Employee Compliance Package³ \$174.95 <ul style="list-style-type: none"> Identity Check National Criminal Check Motor Vehicle Driving Record Checks 2 Year DOT Drug & Alcohol History Check FAA Certificate/License Check 	4) <input type="checkbox"/> Advanced PRIA Package^{2 & 3} \$249.95 <ul style="list-style-type: none"> Identity Check National Criminal Check National Driver Registry 5 Year DOT Drug & Alcohol History Check FAA Records Check Air Carrier Records Check
5) <input type="checkbox"/> Basic PRIA Package^{2 & 3} \$199.95 <ul style="list-style-type: none"> National Driver Registry 5 Year DOT Drug & Alcohol History Check FAA Records Check Air Carrier Records Check 	
6) <input type="checkbox"/> Employee History Package^{1 & 3} \$79.95 <ul style="list-style-type: none"> Identity Check Employment Verification (X3) 	7) <input type="checkbox"/> DASSP Airman \$59.95 <ul style="list-style-type: none"> DASSP Airman File Check
8) <input type="checkbox"/> Employment Background Package^{1 & 3} \$89.95 <ul style="list-style-type: none"> Identity Check National Criminal Check Motor Vehicle Driving Record Check 	9) <input type="checkbox"/> Advanced Employment Background Package^{1 & 3} \$149.95 <ul style="list-style-type: none"> Identity Check Employment Verification (X3) National Criminal Check Motor Vehicle Driving Record Check

SECTION D: ADDITIONAL SERVICES

1. <input type="checkbox"/> U.S. Employment Verification per employer ^{1 & 3} \$21.95	2. <input type="checkbox"/> Motor Vehicle Driving Record Check ^{1 & 3} \$32.95
3. <input type="checkbox"/> FAA Records Check \$35.95	4. <input type="checkbox"/> National Driver Registry ² \$49.95
5. <input type="checkbox"/> Air Carrier Records Check per employer ³ \$35.95	6. <input type="checkbox"/> FAA Certificate/License Check \$29.95
7. <input type="checkbox"/> 5 Year DOT Drug & Alcohol History Check per employer \$39.95	8. <input type="checkbox"/> FAA Accident, Incident and Enforcement (AIE) Report \$59.95
9. <input type="checkbox"/> Identity Check ¹ \$21.95	10. <input type="checkbox"/> National Criminal History Check ¹ \$39.95
11. <input type="checkbox"/> COUNTY Criminal History Check per county ³ \$32.89 To specify the COUNTY, please list below: a.) b.) c.)	12. <input type="checkbox"/> STATE Criminal History Check per state ³ \$32.95 To specify the STATE, please list below: a.) b.) c.)

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 A \$25.90 application-processing fee will be charged for web-enabled services per employee/applicant.

² NDR documents with original signatures must be MAILED to NATACS for processing.

³ Direct pass-through expenses shall be invoiced.

* If information has been previously entered into the system, only the last four digits of the SSN are required. If the employee/applicant is new to the system, the full SSN and birthdate are required.



ORDER FORM BACKGROUND CHECK SERVICES

Employer:

Employee Full Name:

Employee Social Security Number:

F. EMPLOYEE INFORMATION:

Provide the most recent 10 years of background information. Please ensure there are **NO GAPS** that are unaccounted for. If you were **unemployed** for any period of time, please use a space to indicate the time period you were unemployed. Use a space for **military time**, provide a **DD Form 214** verifying the dates. **Make sure the phone numbers are correct.** Please provide explanations for any gaps in employment of more than 12 months during the previous ten-year period.

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

Employer/Company Name Address City State Country

Phone Job Title Start Date (MM/YY) to End Date (MM/YY) Supervisor's Name

G. EDUCATION HISTORY:

Type of School Name & Address of School Dates Attended Diploma/Degree Course of Study

From (MM/YY) To (MM/YY)

From (MM/YY) To (MM/YY)

From (MM/YY) To (MM/YY)

From (MM/YY) To (MM/YY)

H. PROFESSIONAL CERTIFICATE VERIFICATION INFORMATION:

FAA A&P License Number

FCC License Number

Other License Type/Number

Other License Type/Number

I. MOTOR VEHICLE RECORD:

Driver's License Number

State of Issue

Expiration Date

Date of Birth

J. PILOTS ONLY: (To be filled out by Employer)

Download forms directly from the NATACS's website: <http://info.natacs.aero/support/order-forms>

FAX completed forms to 866.768.2881 or 800.682.1969.

FAA RECORDS REQUEST (PRIA) (LETTER OF AGENCY REQUIRED)
AIR CARRIER RECORDS REQUEST
NATIONAL DRIVER REGISTER (NDR) RECORD REQUEST (ORIGINAL REQUIRED)



ORDER FORM BACKGROUND CHECK SERVICES

Employer:

Employee Full Name:

Employee Social Security Number:

K. RELEASE AND CONSENT FOR A BACKGROUND CHECK:

I certify that all answers given here in this 5 page form are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give _____ (hereafter referred to as "EMPLOYER") and its agent NATA Compliance Services (hereafter referred to as "AGENT"), permission to contact appropriate parties, and hereby release EMPLOYER and its AGENT from all liability as a result of such contact. I hereby consent to allow the AGENT to conduct the above stated background checks on me, and to report the results of such a check to EMPLOYER. I understand and authorize the release of all such information to EMPLOYER and AGENT

I agree that EMPLOYER may, at its sole discretion, deny me employment, require that I be removed from a temporary assignment or discharge me from employment if the information received in the investigation is considered unfavorable by EMPLOYER. Any offer of employment or continuing employment (if currently employed) by EMPLOYER is subject to and conditioned upon EMPLOYER'S review of such information.

In the event of an offer of employment, subsequent employment, and/or continuing employment, I understand that false, misleading or omitted information in my application/background check information shall be grounds for withdrawal of an offer of employment or discharge at any time.

Notice to Applicant/Employee regarding consumer rights under the Fair Credit Reporting Act:

The Fair Credit Reporting Act (FCRA) governs the activities of consumer credit reporting agencies, as well as the users of the information procured from these agencies. A consumer report contains information on a consumer's (job applicant's) character, reputation, and other personal data. Employers to screen job applicants procure these reports. Employer agrees to comply with all aspects of the Fair Credit Reporting Act and any applicable Federal or State equal employment opportunity law or regulation.

Among other things, the FCRA prohibits Users (Employers) from obtaining consumer reports unless the Employer discloses to the applicant, in writing, (The "REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION" form) that such a report may be acquired. This disclosure must be in the form of a document that consists solely of the disclosure that a consumer report may be obtained for employment purposes. This release must also state that if the employer denies employment based on the information from an AGENT report, the applicant may make written inquiry requesting a disclosure of the nature and scope of the investigation.

If an applicant makes such a request, AGENT will supply a complete and accurate disclosure of the nature and scope of the investigation within five days of the request. AGENT will reexamine any item the applicant holds to be incorrect at no additional charge and, if necessary, supply a corrected report to the original requester. AGENT keeps copies of each investigation for a period of not less than one year.

If a consumer reporting agency or user of such information willfully fails to comply with and FCRA requirements, the Consumer Reporting Agency and its agents are responsible to the subject of the report. AGENT complies with all the regulations set forth by the FCRA.

In addition, any individual who knowingly and willfully obtains information from a consumer reporting agency under false pretenses will be fined not more than \$5000.00 and imprisoned not more than one year or both.

AGENT complies with and supports all provisions of the Fair Credit Reporting Act (FCRA). We urge all employers to review its restrictions and requirements. The Act's citation is Public Law 91-508, Title 15, U.S.C. Sections 1681, et seq. Please note, particularly, the Permissible Purposes of Reports, as well as requirements on Users of Consumer Reports and Obtaining Information Under False Pretenses.

I have read this release and consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

EMPLOYEE/APPLICANT SIGNATURE

PRINT NAME

SOCIAL SECURITY

DATE



2 Year Drug and Alcohol History Check (ref: 49 CFR Part 40.25b)
This section requires DOT-regulated operator to check the record of the new employees who were previously employed by a company subject to DOT regulations.

Part I

Section I: To be completed & signed by the employee/applicant

Section I: To be completed & signed by the employee/applicant

Section II: To be completed by new/existing employer

Section III: To be completed by the employee/applicant (on each DOT-regulated company going back 2 calendar years)

Section IV: To be completed and signed by previous DOT-regulated employer provided by employee in Section III.

PART I

I. EMPLOYEE/APPLICANT:

Employee Printed or Typed Name

Employee Social Security Number

1. I have been employed by one (or more) DOT-regulated company and subject to DOT regulations within the last 24 months. (Check one.)

[] Yes [] No

If "Yes", provide name(s) of DOT-Regulated employer(s) and complete the attached release form for each DOT-regulated company.

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

DOT-Regulated Employer: _____

2. I have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. (Check one.)

Yes No

If "Yes", provide name of Substance Abuse Professional: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Employee/Applicant Signature

Date



2 Year Drug and Alcohol History Check (ref: 49 CFR Part 40.25b)
This section requires DOT-regulated operator to check the record of the new employees who were previously employed by a company subject to DOT regulations.

Part I

Section I: To be completed & signed by the employee/applicant

Part II

Section I: To be completed & signed by the employee/applicant

Section II: To be completed by new/existing employer

Section III: To be completed by the employee/applicant (on each DOT-regulated company going back 2 calendar years)

Section IV: To be completed and signed by previous DOT-regulated employer provided by employee in Section III.

Note: One form must be completed per previous DOT-covered employer:

PART II

I. EMPLOYEE/APPLICANT:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section III, to the employer listed in Section II. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section IV by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

(Signature)Employee/Applicant

(Print.Name)Employee/Applicant

DATE

II. NEW (or existing) EMPLOYER:

New Employer Name

Designated Employer Representative (if known)

Address

Phone #

Fax #

III. PREVIOUS EMPLOYER (ONE FORM PER PREVIOUS DOT-COVERED EMPLOYER FOR 2 YEARS PRIOR TO START DATE OF COVERED POSITION OR FROM AUGUST 1, 2001 - WHICHEVER IS LATER):

Previous Employer Name

Designated Employer Representative (if known)

Address

Phone #

Fax #

Section IV. To be completed by the previous employer and transmitted by FAX to NATACOMPLIANCE SERVICES 800.682.1969 or 866.768.2881

IV. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes [] No []
2. Did the employee have verified positive drug tests? Yes [] No []
3. Did the employee refuse to be tested? Yes [] No []
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes [] No []
5. Did a previous employer report a drug and 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? N/A [] Yes [] No []
Or No Records/Information available on Applicant/Employee []

NOTE: If you answered "yes" to any of the above items, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).

Name of person providing information

Title

Phone #

Date

9400 Gateway Drive, Suite D
Reno, NV 89521 800.788.3210 voice
www.NATACS.aero

One Source...
One Stop...
One Solution