

**REPORT OF PROHIBITED ALCOHOL-RELATED CONDUCT
14 CFR PART 67 AIRMAN MEDICAL CERTIFICATE HOLDER**

In compliance with the provisions of 14 CFR Part 121, Appendix J, I am notifying you of prohibited alcohol-related conduct by the following individual who holds an airman medical certificate issued pursuant to 14 CFR Part 67.

Company Name _____

Airman's Name _____ Position or Position Applied For _____

Airman's Social Security Number: _____ Date of Birth: _____

On _____ the above named airman was removed from the performance of a safety-sensitive function for the following prohibited alcohol-related conduct.

Alcohol Concentration of 0.04 or greater - Alcohol Testing Required

- Type of test: Pre-employment
 Random
 Reasonable Suspicion
 Post-accident
 Follow-up

Date test was conducted: _____

Alcohol Misuse Violation - Alcohol Testing Not Required

- On-duty use.
 Pre-duty use.
 Use following an accident.

Date of Alcohol Misuse Violation: _____

I have enclosed the following documentation:

- Breath Alcohol Testing Form; OR
 Documentation supporting determination of on-duty, pre-duty, or post-accident alcohol use violation.

The SAP evaluation is enclosed or will be forwarded to you within 2 days of receipt.

Authorized Employer Representative Signature: _____

Printed Name and Title _____ Date: _____

Telephone Number: ☎ (____) _____ - _____

Mail to: *FAA/Drug Abatement Division (AAM-800), Room 806,
800 Independence Avenue, SW, Washington, DC 20591* Fax to: (202) 267-5200