

REPORT OF DRUG/ALCOHOL REFUSAL
14 CFR PART 61/63/65 CERTIFICATE HOLDER

In compliance with the provisions of 14 CFR Part 121, Appendix I and/or Appendix J, I am notifying you of a refusal to submit to Department of Transportation drug and/or alcohol testing by the following individual:

Company Name: _____

Employee Name _____ Position or Position Applied For _____

Employee Social Security Number: _____ Date of Birth _____

Employee Certificate Number: _____

Type of Test

- Pre-employment
- Random
- Post Accident
- Reasonable Cause (Drug)
- Reasonable Suspicion (Alcohol)
- Return to Duty
- Follow-up

Date of Refusal: _____ ▶ Type: Drug Alcohol Both

Circumstances: Adulteration Substitution Shy Bladder Other: _____

I have enclosed the following:

- Federal Drug Testing Custody and Control Form (CCF)
- Federal Alcohol Testing Form (ATF)
- Supporting statements and/or documentation

Company Representative (Signature) Date

Printed Name Title  Phone Number

In accordance with 14 CFR part 121, Appendix I, VI. D., and Appendix J, V, D, employers must notify the FAA within 2 working days for employees who hold 14 CFR part 61, 63, or 65 certificates and have refused to submit to required DOT drug and/or alcohol tests.

Fax to: (202) 267-5200 (secure fax)

Mail to: Federal Aviation Administration
Drug Abatement Division
AAM-800, Room 806
800 Independence Avenue, SW
Washington, DC 20591