



U.S. Department  
of Transportation

**Federal Aviation  
Administration**

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

SEP 14 1990

Plan Identification No. E-GL-00156-U  
[G-GL-001]

Mr. Brent R. Johnson  
Midwest Aero Support Inc.  
6552 Revlon Drive  
Belvidere, IL 61008

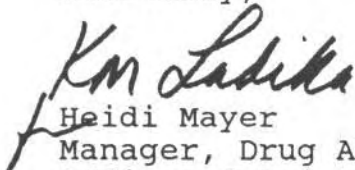
Dear Mr. Johnson:

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 November 1, 1990. This approval is also contingent on your continuing association with the Aviation and Small Business 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: Aviation and Small Business Consortium

THIS IS TO CERTIFY THAT

MIDWEST AERO SUPPORT, INC.

COMPLIES WITH DEPARTMENT OF TRANSPORTATION

FEDERAL AVIATION ADMINISTRATION

ANTI-DRUG PROGRAM

BY

AFFILIATION WITH

AVIATION AND SMALL BUSINESS CONSORTIUM INC.

FAA APPROVAL NUMBER E-GL-00156-U

JUL. 13, 1990  
DATE

*Dea M. Klossy S.*  
AVIATION AND SMALL BUSINESS CONSORTIUM INC

PROCESSED JUN 29 1995

RECEIVED JUN 29 1995

RECEIVED JUL 24 1995

*Revised*

MIDWEST AERO SUPPORT INC

FAA ALCOHOL MISUSE PREVENTION PROGRAM (AMPP)  
CERTIFICATE STATEMENT

PART 1- EMPLOYER INFORMATION

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

Midwest Aero Support Inc  
Brent Johnson  
2325 20th Ave  
Rockford, IL 61104  
815-398-9202  
815-398-9308 FAX

2. AMPP PROGRAM MANAGER NAME/ADDRESS/PHONE:

Brent Johnson  
2325 20th Ave  
Rockford, IL 61104  
815-398-9202  
815-398-9308 FAX

3. CERTIFICATE ISSUED BY THE FAA:

Operating Certificate No: MXSR849K  
Date Issued: original: 06-90

4. IMPLEMENTATION DATE: January 1, 1996

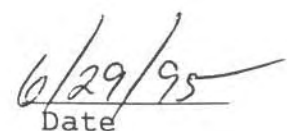
5. CONSORTIUM

Aviation and Small Business Consortium Inc.  
PO Box 986  
Lake Geneva, WI 53147-0986  
414-248-8445  
414-275-8569 FAX secured

PART II - CERTIFICATION STATEMENT

I certify that I am authorized to represent Midwest Aero Support Inc. in this matter, that the information in Part 1 of this document is correct to the best of my knowledge and belief, and that Midwest Aero Support Inc. will comply with the provisions of the Federal Aviation Administration's alcohol misuse prevention regulations and with the terms herein.

  
Name and Title

  
Date

PRESIDENT / GENERAL MGR

7:00 PM

**ANTIDRUG PLAN/ALCOHOL MISUSE PREVENTION PROGRAM  
CERTIFICATION STATEMENT**

New Plan       Plan Amendment

1. Company/Operator Name: Midwest Aero Support Inc.

d/b/a (if applicable) \_\_\_\_\_

Address: 2324 23<sup>rd</sup> Ave

City: Rockford State: IL Zip: 61104

Telephone: (voice) 815-398-9202 (fax) 815-398-9508

Previously approved identification number F-GL-00156-U G-GL-001

2. Antidrug Program Manager: Erent Johnson

3. Type of Operator

FAA Certificate Number      Issue Date

Part 121.

Part 135.

Part 135.1(c) operator (sightseeing only).

N/A

N/A

Part 145 (repair station).

MXSR849K

6-6-90

ATC facility.

N/A

NA

Contractor. Part 121 and 135

N/A

NA

4. Number of Safety-Sensitive Employees:

Flight Crewmember \_\_\_\_\_

Aircraft Maintenance \_\_\_\_\_

17

Flight Attendant \_\_\_\_\_

Aviation Screening \_\_\_\_\_

Flight Instructor \_\_\_\_\_

Ground Security Coordinator \_\_\_\_\_

Aircraft Dispatcher \_\_\_\_\_

Air Traffic Control \_\_\_\_\_

**Total**                      17

FOR FAA USE ONLY

Identification Number \_\_\_\_\_

APPROVED \_\_\_\_\_

Drug Abatement Division  
Federal Aviation Administration

**This change to your antidrug/alcohol program  
has been received and entered** AUG -8 2002

C. Bradshaw  
Drug Abatement Division      AUG -8 2002  
Federal Aviation Administration

RECEIVED  
DRUG ABATEMENT DIVISION  
2002 JUL 11 PM 12:19

5. **Contractors:** Part 121, 135, and 135.1(c) operators will ensure that any contract company's employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.

6. **Other Company/Operator Included in This Plan:**

Do not include a facility or another location of your company. This space is for a totally separate company that you are covering under your program. List all facilities or other locations on a separate sheet of paper so that we know they are covered under your program.

Name NONE  
Address \_\_\_\_\_  
Certificate type and number \_\_\_\_\_

**Other Company/Operator's Covered Employees:**

|                     |       |                             |       |
|---------------------|-------|-----------------------------|-------|
| Flight Crewmember   | _____ | Aircraft Maintenance        | _____ |
| Flight Attendant    | _____ | Aviation Screening          | _____ |
| Flight Instructor   | _____ | Ground Security Coordinator | _____ |
| Aircraft Dispatcher | _____ | Air Traffic Control         | _____ |
| Total               | _____ |                             |       |

7. **Medical Review Officer (MRO):**

Name: Dr. Saffo-ChemReview     M.D.     D.O.

Address: 1600 Genessee Suite 700

City: Kansas City    State: MO    Zip: 64102

Telephone Number (voice): 800-759-8510    (fax): 816-471-5855

The MRO will comply with the requirements of 49 CFR Part 40 and 14 CFR Part 121, Appendix I.

8. **DHHS-Certified Laboratory (PRIMARY):**

Name ATN (Advance Toxicology Network)

Address: 3560 Air Center Cove    City: Memphis    State: TN    Zip: 38118

9. Provide the name and address of the member-selected split specimen dhhs-certified laboratory or, if the company/operator permits the employee to select any DHHS-certified laboratory to test the split specimen, check the box below:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **OR:**

- Employees will have the option of selecting any DHHS-certified laboratory to test split specimens in the event of verified positive drug tests.

10. **Specimen Collection Procedures:** The specimen collection procedures will comply with the requirements of 49 CFR Part 40. Blind performance testing procedures must be in conformance with 49 CFR 40.31(d), which requires 3 blind samples per 100 specimens.
11. **EAP Education and Training:** The EAP program will comply with the requirements of 14 CFR Part 121 Appendices I and J.
12. **Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up:** Testing will be conducted in accordance with the requirements of 14 CFR Part 121, Appendices I and J, and 49 CFR Part 40. Employees will be tested only for five prohibited drugs (marijuana, cocaine, opiates, PCP, amphetamines) and alcohol.
13. **Record Keeping/Confidentiality:** Records will be maintained in accordance with the requirements of 14 CFR Part 121 Appendices I and J. The company/operator will release drug testing results and rehabilitation information only with the written consent of the employee involved with the exceptions provided in 14 CFR Part 121, Appendices I and J.
14. **Reporting:** Annual reports of antidrug program and alcohol misuse prevention program results will be provided to the FAA in accordance with the requirements of 14 CFR Part 121 Appendices I and J.

This plan/amendment supercedes all previous plan/amendment submissions.

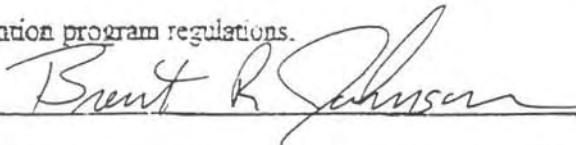
I certify that I am authorized to represent Midwest Aero Support Inc. in this matter, that  
(company/operator name)

the information in this document is correct to the best of my knowledge and belief, and that

Midwest Aero Support Inc. will comply with the provisions of the FAA's antidrug and alcohol  
(company/operator name)

misuse prevention program regulations.

Signature



Date

7/9/02

Typed name Brent Johnson

Title: President

The Paperwork Reduction Act Statement: The information collected on this form is necessary to determine compliance with the antidrug and alcohol misuse prevention programs. In completing the certification statement, we estimate that it will take 1-1/2 hours. The portion required for the alcohol program is estimated to take 6 minutes to complete. If you wish to make any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden, send those comments to the Federal Aviation Administration, Office of Aviation Medicine, Implementation, Regulations and Policy Branch, AAM-810, 800 Independence Avenue, SW., Washington, DC., 20591. The information collection is mandatory. (14 C.F.R. part 61, et al. Antidrug Program for Personnel Engaged in Specified Aviation Activities and 14 C.F.R. part 61, et al. Alcohol Misuse Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers associated with this collection are 2120-0535 and 2120-0571.