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FLIGHTCRAFT, INC.  
ANTI-DRUG PLAN FOR AVIATION PERSONNEL  
IN COMPLIANCE WITH DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

49 CFR PART 40 AND  
14 CFR PART 61 et al.

AUGUST 15, 1989

APPROVED: SEP 13 1989  
K.M. Ladika  
HEIDI MAYER  
Manager, Drug Abatement Branch  
Federal Aviation Administration

~~AUG 15 1989~~  
AUG 15 1989

CERTIFICATION STATEMENT

B-NM-00004-S

FLIGHTCRAFT, INC

(Company Name)

FAA Alcohol Misuse Prevention Program (AMPP)  
Certification Statement

Part I - EMPLOYER INFORMATION

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

Company Name: FLIGHTCRAFT, INC  
Street Address: P.O. Box 407  
City/State/Zip: EUGENE, OR 97440  
Phone/Facsimile: (503) 341-3352 (503) 341-3352

2. AMPP PROGRAM MANAGER NAME/ADDRESS/TELEPHONE:

AMPP Name/Title: M. Lee Wood, PERSONNEL MGR  
Company Name: FLIGHTCRAFT, INC  
Street Address: P.O. Box 407  
City/State/Zip: EUGENE, OR 97440  
Phone/Facsimile: (503) 341-3352 (503) 341-3352

3. CERTIFICATES ISSUED BY THE FAA:

Operating Certificate No.: 564-160AT  
Date Issued: 6-27-86

4. IMPLEMENTATION DATE - This certificate holder will begin alcohol testing on:

1-1-95

(Insert Date)

5. CONSORTIUM (If applicable) - This consortium will provide AMPP services:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone/Facsimile: \_\_\_\_\_

Part II - EMPLOYER INFORMATION

I certify that I am authorized to represent FLIGHTCRAFT, INC in this matter; that the information in Part I of this document is correct to the best of my knowledge and belief; and that FLIGHTCRAFT, INC will comply with the provisions of the Federal Aviation Administration Alcohol Misuse Prevention Program regulations and with the terms therein.

M. Lee Wood

(Name)

PERSONNEL MANAGER

(Title)

7-1-94

(Date)

JUL 28 ENT