

DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION FORMAT

(Form is at: http://www.faa.gov/whse/offices/officeheadquarters/offices/officeheadquarters/drug_alcohol/forms/media/registration_format_by_vtd.doc)

Indicate if this is a: New Registration
 Registration Amendment FAA Registration Number _____

Type of Company: Contractor (if you are a part 145 certificate holder, list all certificate numbers covered under this registration)
 Air traffic control facility not operated by the FAA or by or under contract to the U.S. Military

Company Name: KHlick Aerospace USA LLC

Company address:

Physical: 1615 Diplomat Drive Mailing: Same

Carrollton TX 75006
 City State Zip

If this is where your program records are kept, check box If this is where your program records are kept, check box

If your program records are not kept at either address above, please indicate address and telephone number where the records are kept (this should be the location where an inspection of your program would be held and would not be the address of a service agent):

Address _____ City _____ State _____ Zip _____

Please list dba's/certificates covered by this registration, if applicable:

(Avates Engine Support Services) KKOR693Y 3A6R191B

Identify the type of safety-sensitive function(s) you perform or intend to perform for an employer:

- Flight crewmember duties
- Aircraft dispatcher duties
- Air traffic control duties
- Flight attendant duties
- Ground security coordinator duties
- Aviation screening duties
- Flight instruction duties
- Maintenance or preventive maintenance duties (as defined in 14CFR part 43)

Indicate whether you have: 50 or more safety-sensitive employees. 49 or fewer safety-sensitive employees.

Certification Statement:

I certify that I/my company will comply with 14 CFR part 121, appendices I and J and 49 CFR part 40. If I am a contractor, I certify that I intend to provide safety-sensitive functions, directly or by contract, to a Part 119 certificate holder with authority to operate under part 121 or 135, an air traffic control facility not operated by the FAA or by or under contract to the U.S. military, or an Air Toter Operator conducting flights under Part 91.147.

Signature: John Waldrop Date: 2/24/09
 Authorized Representative (Service Agents are not authorized to sign on behalf of the company)

Print Name: John Waldrop Title: V.P. Sales & SERVICE

Business Telephone: 972-406-2103 E-mail address: J.WALDROP@AVIATAS.COM

Send this information in duplicate to:

Fax: 202-267-5200
 Phone: 202-267-9442

FAA/Office of Aerospace Medicine
 Drug Abatement Division (AAM-816) Room 806
 800 Independence Avenue, S.W.
 Washington, DC 20591

FAA Registration Number: CONN768B

FOR FAA USE ONLY

Registered by: Stephen J. Becht

Date Registered: 2/24/09

Date Amended: rec 2/24/09

AAM 810-002-F3 rev 4 04-10-08

For more information on the FAA drug and alcohol testing program please visit:
http://www.faa.gov/whse/offices/officeheadquarters/offices/officeheadquarters/drug_alcohol/