

FAA DRUG AND ALCOHOL MISUSE PREVENTION PROGRAM CERTIFICATION STATEMENT

COMPANY NAME: Atlantic Aero, Inc.
APPROVED IDENTIFICATION NUMBER: B-SO-00025-U

PART I – EMPLOYER INFORMATION

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

Company Name: Atlantic Aero, Inc.
Address: PO Box 35408
City/State/Zip: Greensboro, NC 27425
Phone: 336-668-0411 Fax: 336-668-4434

2. AMPP PROGRAM MANAGER NAME/ADDRESS/TELEPHONE:

AMPP Mgr. Name: Kim Vallejos
Company Name: Atlantic Aero, Inc.
Street Address: PO Box 35408
City/State/Zip: Greensboro, NC 27425
Phone: 336-668-0411 Fax: 336-668-4434

3. CERTIFICATES ISSUED BY THE FAA:

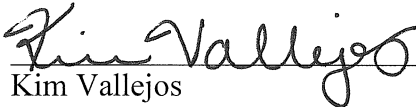
Operating Certificate Number: EWGR-752D
Updated with FAA: 3-1-2004

4. IMPLEMENTATION DATE:

Carrier began alcohol testing on 7-1-95.

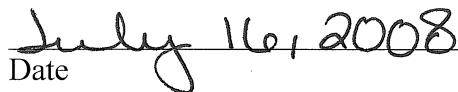
PART II – CERTIFICATION STATEMENT

I certify that I am authorized to represent **Atlantic Aero, 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 **Atlantic Aero, Inc.** will comply with the provisions of the Federal Aviation Administration's drug and alcohol misuse prevention program regulations and with the terms therein:



Kim Vallejos

Human Resources Director/Anti-Drug Program Manager
Title



Date