

FAA DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION (sample form)

(Document is located at: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/starting/media/RegistrationForm.pdf)

Check one: New Registration Registration Renewal (CONN 460C) Registration Amendment (CONN 460C)

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

Company Name: LUFTHANSA TECHNIK COMPONENT SERVICES, LLC

Physical Address: 3515 N SHERIDAN RD. TULSA, OK 74115

Address City State Zip

Check box, if your program records are kept at the physical address location

Mailing Address: _____

Address City State Zip

Check box, if your program records are kept at the mailing address location

Records Address: _____

Address City State Zip

(The records address, if different, should be the location where an inspection would be held, NOT the address of a service agent.)

List DBA's and/or part 145 certificates covered by this registration, if applicable (use attachment if necessary):

15LR725Y 6BZR720B L1UR926

Identify the type of safety-sensitive function(s) included in your program:

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

Please describe the safety-sensitive duties you plan to provide (use attachment if necessary). _____

How many safety-sensitive employees will be covered by this Registration: 145

Indicate whether you are: A Staffing Company Not A Staffing Company

Certification Statement: I certify that I/my company will comply with 14 CFR part 120 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 Tour Operator conducting flights under part 91.147.

Signature: *Trish RiedeSEL* Date: 01/22/2018
Authorized Representative (Service Agents may not sign for company)

Print Name: TRISH RIEDESEL Title: DER

Telephone: Business - 918-831-7634 Facsimile - 918-835-1762 Cell - 918-527-2172

E-mail address: PATRICIA.RIEDESEL@LHT.DLH.DE

Send form to: Federal Aviation Administration, Drug Abatement Division (AAM-810)
800 Independence Avenue, S.W., Room 806
Washington, DC 20591
Fax Number - (202) 267-5200; Email - drugabatement@faa.gov Office Number - (202) 267-8442;

DO NOT WRITE BELOW - FOR FAA USE ONLY

FAA Registration number: CONN 460C Registered by: Sanda Pierri

Date Registered/Amended/Renewed: January 24, 2018 Expiration Date: January 24, 2021



U.S. Department
of Transportation
**Federal Aviation
Administration**

Office of Aerospace Medicine
Drug Abatement Division
800 Independence Ave., S.W.
Washington, D.C. 20591

January 24, 2018

Trish Riedesel
DER
Lufthansa Technik Component Services, LLC
3515 N Sheridan Road
Tulsa, OK 74115

Dear Ms. Riedesel:

We have processed your program registration renewal and a copy is enclosed. Your Registration number, **CONN460C**, has not changed.

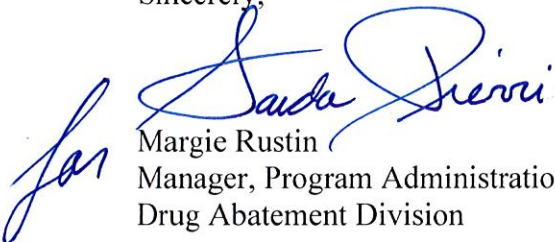
Your program registration includes the following certificated repair stations or locations:

	Name	Certificate #	Location
1	Lufthansa Technik North America	6BZR720B	Auburn, ME
2	Lufthansa A E R O USA	L1UR926Y	Tulsa, OK

Please note that your registration will **expire on January 24, 2021** and we request that you submit a Renewed Registration prior to the date.

If you have any questions, please contact our office at (202) 267-8442 or drugabatement@faa.gov.

Sincerely,


Margie Rustin
Manager, Program Administration Branch
Drug Abatement Division

Enclosure