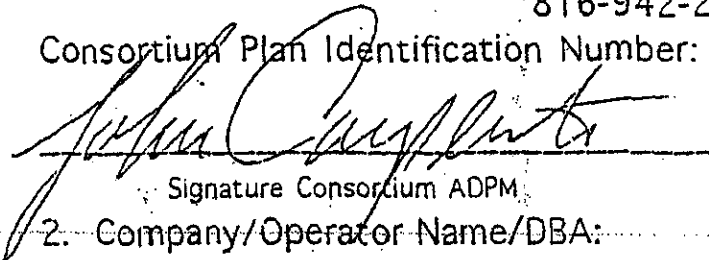


CONSORTIUM MEMBER  
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT  
New Plan                      Plan Amendment

1. Consortium Name: Professional Air Charter Services, Inc.  
Drug Abatement/AMPP Consortium  
11501 Holmes Road  
Kansas City, MO 64131  
816-942-2144 FAX 816-942-2068  
Consortium Plan Identification Number: No. E-CE-00160-U

97 JUN 10 11:5:22



John M. Carpenter 6-3-97  
Consortium ADPM                      Date

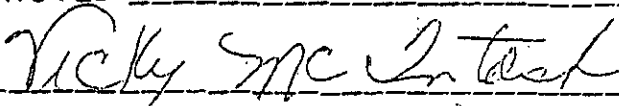
2. Company/Operator Name/DBA: Moss Vale, Inc.  
Address: 11630 Rockfield Court  
Sharonville, OH 45241  
Telephone number: (voice) 513-772-6866 (fax) 513-772-6864

3. Company/Operator Antidrug Program Manager (ADPM): Tim Morris

4. Type of Operator:	FAA Operating Certificate	Issue Date
Part 121	_____	_____
Part 135	_____	_____
Part 135.1(c) operator (sightseeing only)	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station)	M00R914N	5/6/97
ATC Facility	N/A	N/A
Contractor	N/A	N/A

FOR FAA USE ONLY

Plan Identification Number E-CE-00160-U (D-GL-242)

APPROVED 

JUN 25 1997

Drug Abatement Division  
Federal Aviation Administration

ANTIDRUG PLAN/ALCOHOL MISUSE PREVENTION PROGRAM  
CERTIFICATION STATEMENT

New Plan       Plan Amendment

1. **Company/Operator Name** Moss Vale, Inc.  
**d/b/a (if applicable)**  
**Address** PO Box 18759  
**City** Fairfield      **State** OH **Zip** 45018  
**Telephone: (voice)** 513-939-1970      **(fax)** 513-939-1972

Previously approved identification number E-CE-00160-U (D-GL-242)

2. **Antidrug Program Manager:** Tim Morris

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)      M0OR914N      5/6/97
- ATC Facility      N/A      N/A
- Contractor      N/A      N/A

4. **Number of Safety-Sensitive Employees:**

Flight Crewmember _____	Aircraft Maintenance _____	4
Flight Attendant _____	Aviation Screening _____	
Flight Instructor _____	Ground Security Coordinator _____	
Aircraft Dispatcher _____	Air Traffic Control _____	
<b>Total</b> _____		4

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*  
*C. Bradshaw*  
 Drug Abatement Division  
 Federal Aviation Administration  
 SEP 10 2003  
 E-CE-00160-U  
 (D-GL-242)

5. **Contractors:** Part 121, 135, 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 \_\_\_\_\_  
 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):**

**Benjamin Gerson, MD**  
**University Services, Toxicology Services Group**  
**5301 Tacony Street, Building 4**  
**Philadelphia, PA 19137**  
**Phone 215-743-4200 -- Fax 215-289-1459**

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

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

**Kroll Laboratory Specialists, Inc.**  
**1111 Newton Street**  
**Gretna, LA 70053**

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:**

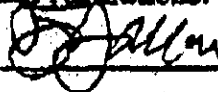
**Employees will have the option of selecting any DHHS-certified laboratory to test split specimens in the event of verified positive drug tests.**

- 10. **Specimen Collection Procedures:** The specimen collection procedures will comply with the requirements of 49 CFR 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. **Recordkeeping/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 supersedes all previous plan/amendment submissions.**

I certify that I am authorized to represent **Moss Vale, Inc.** in this matter, that the information in this document is correct to the best of my knowledge and belief, and that **Moss Vale, Inc.** will comply with the provisions of the FAA's antidrug and alcohol misuse prevention program regulations.

Signature X



Date X

7-31-03

Typed/printed Name

Tim Morris

Title

Pgm Mgr

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, S.W., Washington, DC 20591. The information collected is mandatory. (14 CFR part 61, et al, Antidrug Program for Personnel Engaged in Specified Aviation Activities and 14 CFR 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 current valid OMB control number. The OMB control numbers associated with this collection are 2180-0635 and 2120-0571.

1. Issued by the Federal Aviation Administration .
2. Support information reference:
3. These Operations Specifications are approved by direction of the Administrator.



2009.10.28 08:21:15 Central Daylight Time  
Location: WebOPSS  
Digitally signed by Michael S Isham,  
Principal Maintenance Inspector

4. Date Approval is effective: 10/28/2009

Amendment Number: 1

5. I hereby accept and receive the Operations Specifications in this paragraph.

Morris, Timothy J., President

A handwritten signature in black ink, appearing to read "T. Morris".

Date: 10/28/2009