

FLIGHTLINETM
DRUG TESTING

FAA
DRUG ABATEMENT PROGRAM
&
ALCOHOL MISUSE PREVENTION
PROGRAM

FOR COMPLIANCE
WITH
FAR 121 APPENDICES I & J
49CFR40

ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM REGISTRATION FORMAT

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

Type of Company: 135.1(C) Sightseeing Operation Contractor Air traffic control facility not operated by the FAA or by or under contract to the U.S. Military

Company name: GLOBAL JET SOLUTIONS

Please list dba's if applicable: _____

Company address:

Physical: _____

Mailing: 203 SW 120 Avenue
Pembroke Pines, FL 3325

If this is where your program records are kept check box

If this is where your program records are kept check box

If your records are not kept at either address above, please indicate the 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):

City State Zip

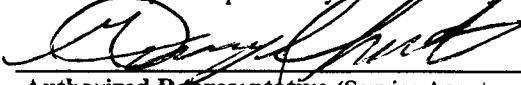
Identify the type of safety-sensitive function(s) you perform or intend to perform for an employer:

- Flight crewmember duties
- Flight attendant duties
- Flight instruction duties
- Aircraft dispatcher duties
- Ground security coordinator duties
- Maintenance or preventive maintenance duties
- Air traffic control duties
- Aviation screening duties

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

Certification Statement:

I certify that my company will comply with 14 CFR part 121, appendices I and J and 49 CFR part 40, and if I am a contractor, I intend to provide safety-sensitive functions by contract to a part 121 or part 135 certificate holder, a sightseeing operator as defined by §135.1(c), or an air traffic control facility nor operated by the FAA or by or under contract to the U.S. Military.

Signature:  Date: FEB 02 2007
Authorized Representative (Service Agents are not authorized to sign this registration on behalf of the company)

Print Name: Greg Smith Title: Designated Employer Representative

Business Telephone: (954) 445-5544

Send this information in duplicate to:

FAA/Office of Aerospace Medicine
Drug Abatement Division (AAM-810) Room 806
800 Independence Ave, S.W.
Washington, DC 20591

RCVD FEB 12 '07

FOR FAA USE ONLY

FAA Registration Number: CONN236B

Registered by: 

Date Registered: 2/13/07 Date Amended: _____

Drug Abatement Division
Federal Aviation Administration



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

800 Independence Ave., S.W.
Washington, D.C. 20591

FEB 13 2007

Dear Sir or Madam:

The Federal Aviation Administration's (FAA) Drug Abatement Division has received and entered the information from your enclosed copy of the Antidrug and Alcohol Misuse Prevention Program registration. Your company has been assigned an FAA registration number, which is shown on the top right hand side of the registration format or at the bottom depending on the version you are using. Please use your assigned number in any correspondence regarding your Antidrug and Alcohol Misuse Prevention Program.

If you need to amend any of the information, please submit it, in duplicate, to the Drug Abatement Division using the suggested Antidrug and Alcohol Misuse Prevention Program Registration Format. Our address is:

Federal Aviation Administration
Office of Aerospace Medicine (AAM-810)
800 Independence Avenue, SW
Room 806
Washington, DC 20591

If you have any questions, please contact this office at (202) 267-8442.

Sincerely,

Cassandra L. Bradshaw
Inspector, Program Analysis Branch
Drug Abatement Division
Office of Aerospace Medicine

Enclosure(s)