
FORM AMJP-1A.6.5
AMJP RECIPIENT NOTIFICATION TO USDOT OF EEG COMPOSITION

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**FORM AMJP-1A.6.5
 AMJP RECIPIENT NOTIFICATION TO USDOT OF EEG COMPOSITION**

AMJP Recipient Business Name

AMJP Agreement Number

6 9 A 3 4 5

A M J 0

Approved Eligible Employee Group Size

Eligible Employee Group Composition:

Using the table format shown below, provide updated information on the composition of the designated Eligible Employee Group (EEG) subsequent to submission of the AMJP application. Provide the requested information for each member of the EEG.

| EEG Member ID | Job Category | Compensation Level | Pay Frequency |
|---|---|---|--|
| Assign each employee a unique ID (non PII) | Select the appropriate job category from the dropdown menu. | List base compensation and benefits excluding overtime, premium pay, and any Federal, State, or local taxes paid by the employer. | Select pay frequency that corresponds to the compensation level. |
| <u>EXAMPLES</u> | | | |
| 1001 | Fabrication or Assembly | \$4,269 | Bi-weekly |
| 1002 | Fabrication or Assembly | \$4,038 | Bi-weekly |
| 1003 | Procurement | \$3,846 | Bi-weekly |
| 1004 | Inspection | \$3,653 | Bi-weekly |
| <u>ACTUAL</u> (You may attach an Excel file instead, especially for EEG sizes greater than 15 employees) | | | |
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* "Other" under "Job Category" refers to other positions directly engaged in aviation manufacturing and/or repair. If more than five (5) percent of the total EEG is classified as "Other," you must provide a detailed listing of the specific positions included as part of the Attachments to this form.

| EEG Member ID | Job Category | Compensation Level | Pay Frequency |
|--|---|---|--|
| Assign each employee a unique ID (non PII) | Select the appropriate job category from the dropdown menu. | List base compensation and benefits excluding overtime, premium pay, and any Federal, State, or local taxes paid by the employer. | Select pay frequency that corresponds to the compensation level. |
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Attachments:

Provide a list identifying all attachments. Attach documentation as needed to provide the requested description of the eligible employee group composition. If "Other" was selected under "Pay Frequency," ensure documentation specifies the appropriate frequency. Do not include any personally identifiable information about employees; redact that information as necessary.

Certification:

I certify under penalty of perjury that the information above and attached is true and correct.

I acknowledge that false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal penalties, civil penalties, or both. (See 18 U.S.C. 287; 18 U.S.C. 1001; 31 U.S.C. 3729; 31 U.S.C. 3802).

Signature

Date

Name of Signing Official

Title of Signing Official