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

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2106-0048. Public reporting for this collection of information is estimated to be approximately 120 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit (pursuant to the American Rescue Plan Act of 2021 (ARPA), Public Law (P.L.) 117-2, § 7201-7202). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, OST-S-83, 1200 New Jersey Avenue S.E., Washington, DC 20590.

**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 O

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)			

* "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.

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