# U.S. Department of Transportation Federal Aviation

**Administration** 

### **INSTRUCTIONS**

## FAA FORM 8060-12, AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40

Pilot Records Improvement Act Of 1996 (PRIA)

Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Air Carriers **should** use this form to request the appropriate records from current and/or past employers as contemplated under 49 U.S.C. § 44703(h), Records of Employment of Pilot Applicants, As Amended.

NOTICE: This request is for the 5-year period preceding the date of the employee's signature in Part I of this form. This request will not be deemed valid unless Parts I and II are completed as specified. Pursuant to 49 U.S.C. § 44703(h)(5), a person who receives a request for records under 49 U.S.C. § 44703(h)(1) shall furnish a copy of all such requested records maintained by the person not later than 30 days after receiving the request. An additional copy must be furnished to the subject of this request only if that person has so indicated on the attached FAA Form 8060-11A, by checking the 'YES' block. See the note to the previous employer at the bottom of FAA Form 8060-12. This form may be photocopied for use, or is available on the Internet at <a href="http://www.faa.gov/pilots/lic cert/pria/">http://www.faa.gov/pilots/lic cert/pria/</a> or <a href="http://www.faa.gov/pilots/lic cert/pria/">http://forms.faa.gov/</a>
This form is to be used as an attachment to FAA Forms 8060-11 and 8060-11A. A separate form must be used for each airman whose records are requested. Do not use with FAA Forms 8060-10 or 8060-10A.

### Part I: To be completed by the new employer and signed by the applicant/employee. All entries must be completed legibly with black or dark blue ink.

- 1. TO enter the name and address of the applicant/employee's previous employer.
- 2. Enter the name and SSN of the applicant/employee. (SSN is optional see Privacy Act statement below)
- 3. Enter the name and air carrier certificate number of the requesting employer.
- 4. Enter the name of the Designated Employer Representative authorized to receive the released records.
- 5. Signature signature of the applicant/employee.
- 6. Date enter the date of the request

### Part II: To be completed by the previous employer (DER). DER is assigned IAW 49 CFR Part 40. All entries must be completed legibly with black or dark blue ink.

- 1. DER answers questions 1 through 6, and prepares copies of the required supporting documents.
- 2. Enter the name of the Designated Employer Representative authorized to release the requested records.
- 3. Enter the phone / Email address / FAX numbers of the person (DER) providing the requested records.
- 4. Enter the date that the requested records have been prepared and forwarded to the new employer.

### PAPERWORK REDUCTION ACT 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 2120-0607. Public reporting for this collection of information is estimated to be approximately 10 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 mandatory (Title 49 United States Code (49 U.S.C.) § 44703(h). 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, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

SEE PRIVACY ACT STATEMENT BELOW

#### AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER PRIA AND MAINTAINED UNDER TITLE 49 CODE FEDERAL REGULATIONS (49 CFR) PART 40

#### PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/priva

- (a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:
- The type of certificates and ratings held, limitations, date of issuance and certificate number;
- The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- (b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- (d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- (e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.
- (f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursu-ant to 31 U.S.C. 3711(g).
- (g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- (h) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Car-rier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- (i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of indi-viduals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- (j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.
- (k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- (I) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- (m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.
- (n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

FAA Form 8060-12 (10/05)

Form Approved: OMB No. 2120-0607 Exp: 3/31/2020

U.S. Department of Transportation Federal Aviation Administration

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Pilot Records Improvement Act Of 1996 (PRIA)
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(Previous Employer Name – Printed)			
(Street Address)	(City), (State	e) , (Z	ip)
,(Applicant/Employee Name – Printed)	SSN: hav	e applied fo	r employment
(Applicant/Employee Name – Printed) vith			authorize the
(Hiring Air Carrier Name – Printed)	(Air Carrier Certificate Number)	, and nereby	authorize the
elease of records from Department	of Transportation-regulated drug and alcohol testing of me by m	y previous e	mployer,
(Printed name of the Designated Employer Rep	FAX Number:resentative (DER) authorized to receive the released records) (Of the hiring	g Air Carrier)	
understand that this release of 5 ye	ears of records by my previous employer satisfies the requiremend 49 CFR § 40.333, and is limited to the following DOT-regulate		
<ol> <li>Verified positive drug test results.</li> <li>Documentation of refusals to the second of the properties.</li> <li>Substance Abuse Professionals.</li> <li>All follow-up test results and second of the properties.</li> <li>Information obtained from preventing.</li> </ol>	take required alcohol and/or drug tests (including substituted or a ons of DOT agency drug and alcohol testing regulations;	turn-to-duty t alcohol violat	est; tions;
applicant/Employee Signature:	Date:		
A reproduction o	of this authorization shall be deemed effective and valid as a	n original.	
	employer (DER) and transmitted by mail or fax to the new er	nplover.	
o be completed by the previous	employer (DER) and transmitted by mail or fax to the new er	-	
to be completed by the previous on the five year period, prior to the d	late of the employee's signature in Part I, for DOT regulated testi	ing:	NO
to be completed by the previous on the five year period, prior to the dot.  1. Did the employee have any contents.	late of the employee's signature in Part I, for DOT regulated testion of 0.04 or higher?	ing:	
n the <u>five year</u> period, prior to the d  1. Did the employee have any co  2. Did the employee have any ve	late of the employee's signature in Part I, for DOT regulated testionfirmed alcohol tests with a concentration of 0.04 or higher? erified positive drug tests?	ring: YES	NO
To be completed by the previous on the five year period, prior to the day.  1. Did the employee have any concept.  2. Did the employee have any vents.  3. Did the employee refuse to be	late of the employee's signature in Part I, for DOT regulated testionfirmed alcohol tests with a concentration of 0.04 or higher? erified positive drug tests?	YES YES YES	NO
to be completed by the previous on the five year period, prior to the day.  1. Did the employee have any concept.  2. Did the employee have any vents.  3. Did the employee refuse to be determined.	late of the employee's signature in Part I, for DOT regulated testionfirmed alcohol tests with a concentration of 0.04 or higher? erified positive drug tests? e tested? violations of DOT agency drug and/or alcohol testing regulations	YES YES YES YES	NO NO NO
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To be completed by the previous on the five year period, prior to the day of the employee have any version. Did the employee have any version. Did the employee refuse to be day. Did the employee have other 5. Did a previous employer report.	late of the employee's signature in Part I, for DOT regulated testionfirmed alcohol tests with a concentration of 0.04 or higher? erified positive drug tests? etested?  violations of DOT agency drug and/or alcohol testing regulations of a drug and/or alcohol rule violation to you?  If the above items, did the employee complete the	YES YES YES S? YES YES	NO NO NO
n the five year period, prior to the d  1. Did the employee have any co  2. Did the employee have any ve  3. Did the employee refuse to be  4. Did the employee have other  5. Did a previous employer repo  6. If you answered 'yes' to any o 'return-to-duty' process?  f you answered 'yes' to item 6, please	late of the employee's signature in Part I, for DOT regulated testionfirmed alcohol tests with a concentration of 0.04 or higher? erified positive drug tests? etested?  violations of DOT agency drug and/or alcohol testing regulations of a drug and/or alcohol rule violation to you?  If the above items, did the employee complete the	YES YES S? YES YES YES YES	NO NO NO NO NO NO NO NO
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