

# Air Agency Certificate

*Number* Q9TR440N

*This certificate is issued to*

**QUIET TECHNOLOGIES LLC.**

*whose business address is*

**4100 N. 29<sup>th</sup> Terrace  
HOLLYWOOD, FLORIDA 33020**

*upon finding that its organization complies in all respects  
with the requirements of the Federal Aviation Regulations  
relating to the establishment of an Air Agency and is  
empowered to operate an approved* **REPAIR STATION**

*with the following ratings:*

**LIMITED AIRFRAME**

**LIMITED POWERPLANT**

*This certificate, unless canceled, suspended, or revoked,  
shall continue in effect* **INDEFINITELY.**

Date issued :

**July 23, 2002**

By direction of the Administrator

**SERGIO LOPEZ**

**MANAGER, SOUTH FLORIDA FSDO-19**

**This Certificate is not Transferable, AND ANY MAJOR CHANGE IN THE BASIC FACILITIES, OR IN THE LOCATION THEREOF,  
SHALL BE IMMEDIATELY REPORTED TO THE APPROPRIATE REGIONAL OFFICE OF THE FEDERAL AVIATION ADMINISTRATION**

# Anti-drug & Alcohol Misuse Prevention Program Certification Statement

New Plan       Plan Amendment

1. Company/Operator name: **QUIET TECHNOLOGIES, LLC.**  
 Address: **12845 N.W. 45 AVE**  
 City: **Opa-Locka** State: **FL** Zip: **33054**  
 Telephone: **(voice)305-687-9808** **(fax) 305- 687-8509**

Previously approved plan identification number: **D-SO-00435-S**

2. Anti-drug Program Manager: **MR. PETE ARIAS**

3. Type of Operator: FAA Certificate Number      Issue Date

<input type="checkbox"/> Part 121.	N/A	N/A
<input type="checkbox"/> Part 135.	N/A	N/A
<input type="checkbox"/> Part 135.1 (c) operator (sightseeing only).	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station).	<b>O9TR440N</b>	<b>02-13-96</b>
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

4. Number of Safety-Sensitive Employees:

Flight Crewmember _____	Aircraft Maintenance _____ <b>17</b>
Flight Attendant _____	Aviation Screening _____
Flight Instructor _____	Ground Security Coordinator _____
Aircraft Dispatcher _____	Air Traffic Control _____

Total: **17**

## For FAA Use Only

Plan Identification Number \_\_\_\_\_

APPROVED \_\_\_\_\_

Drug Abatement Division  
Federal Aviation Administration

This change to your antidrug/alcohol program  
 has been received and entered **FEB 24 2002**  
**C. Bradshaw**  
 Drug Abatement Division  
 Federal Aviation Administration  
**D-SO-00435-S**

5. Contractors: Part 121, 135, and 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:

Name

Address

City & State

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):

Name: **Richard L. Dolsey, M.D.**

**Bernard S. Chapnick, M.D.**

Address: **4483 N.W. 36 STREET - Suite # 118**

City: **Miami** State: **Florida** Zip: **33166**

Telephone Number: **(305) 888-7555** Fax: **(305) 888-7404**

The MRO will comply with the requirements of 49 CFR part 40 and CFR part 121 appendix I.

8. DHHS-Certified Laboratory (PRIMARY):

Name: **QUEST DIAGNOSTICS, INC. LABORATORIES**

Address: **3175 PRESIDENTIAL DRIVE**

City: **ATLANTA** State: **GA** Zip: **30340**

9. DHHS-Certified Laboratory (SPLIT SPECIMEN):

Name: **MEDTOX LABORATORIES**

Address: **402 WEST COUNTY RD D**

City: **ST PAUL** State: **MN** Zip: **55112** OR:

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 part 40. Blind performance testing procedures will be in conformance with 49 CFR part 40.31(d), which requires three 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. *Record Keeping/Confidentiality: Records will be maintained in accordance with the requirements of part 121 appendix 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 part 121, appendices I and J.*
14. *Reporting: Annual reports of anti-drug program and alcohol misuse prevention results will be provided to the FAA in accordance with the requirements of 14 CFR part 121 appendices I and J.*

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

Signature *P. Arias* Date 1/06/03

Typed name Mr. Pete Arias Title GENERAL MGR. / DRUG PROG. MGR.  
(company/operator ADPM name)

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*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, SW., Washington, DC., 20591. The information collections is mandatory. (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 currently valid OMB control number. The OMB control numbers associated with this collection are 2120-0535 and 2120-0571.*