

ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM REGISTRATION FORMAT

(Form is at: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/forms/media/registration_format_by_vld.doc)

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: Stack Metallurgical Services Inc

Please list dba's if applicable: _____

Company address:

Physical: 5938 N Basin Ave Mailing: PO Box 17176
Portland OR 97217 Portland OR 97217-0176
City State Zip City State Zip

If this is where your program records are kept check box If this is where your program records are kept check box

If your program records are not kept at either address above, please indicate 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 Aircraft dispatcher duties Air traffic control duties
- Flight attendant duties Ground security coordinator duties Aviation screening duties
- Flight instruction duties Maintenance or preventive maintenance 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 not operated by the FAA or by or under contract to the U.S. military.
Signature: Kendra Nelson Date: 2-23-07
Authorized Representative (Service Agents are not authorized to sign on behalf of the company)
Print Name: Kendra Nelson Title: Controller/HR Manager
Business Telephone: 503-737-1337

Send this information in duplicate to: FAA/Office of Aerospace Medicine
Drug Abatement Division (AAM-810) Room 806
800 Independence Avenue, S.W.
Washington, DC 20591
Drug Abatement Division
Federal Aviation Administration
RCVD MAR 05 '07

FAA Registration Number: CONN260B
Registered by: [Signature]
Date Registered: 3/5/07 Date Amended: _____
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