

FAA ALCOHOL MISUSE PREVENTION PROGRAM (AMPP)
CERTIFICATION STATEMENT

PART I - EMPLOYER INFORMATION

1. EMPLOYER/CONTRACTOR COMPANY NAME/ADDRESS/TELEPHONE:

ELECTRON BEAM DEVELOPMENT CORP.
3591 SW DEGGELLER COURT
PALM CITY, FL 34990-
407 283-2152 (VOICE) / 407 288-2648 (FAX)

E-NE-00002-U
[D-50-110]

2. AMPP PROGRAM MANAGER NAME/ADDRESS/TELEPHONE:

MR. HILLARY CHARLAND
3591 SW DEGGELLER COURT
PALM CITY, FL 34990-
407 283-2152 (VOICE) / 407 288-2648 (FAX)

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DMS ABATEMENT
DIVISION
AAM-800

3. CERTIFICATES ISSUED BY THE FAA:

OPERATING CERTIFICATE NO.: JY4R301M CONTRACTOR
DATE ISSUED: 11/16/76

4. IMPLEMENTATION DATE - THE CONTRACTOR WILL BEGIN ITS ALCOHOL TESTING PROGRAM ON JULY 1, 1995.

5. CONSORTIUM - THE CONSORTIUM THAT PROVIDES AMPP SERVICES:

BURT FIT FOR DUTY/PROFESSIONAL TESTING SERVICES, INC.
24 ROSSOTTO DRIVE
HAMDEN, CT 06514-1335
(203) 230-9500 (VOICE) / (203) 230-4155 (FAX)

PART II - CERTIFICATION STATEMENT

I CERTIFY THAT I AM AUTHORIZED TO REPRESENT ELECTRON BEAM DEVELOPMENT CORP. IN THIS MATTER, THAT THE INFORMATION IN PART I OF THIS DOCUMENT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT ELECTRON BEAM DEVELOPMENT CORP. WILL COMPLY WITH THE PROVISIONS OF THE FEDERAL AVIATION ADMINISTRATION'S ALCOHOL MISUSE PREVENTION PROGRAM REGULATIONS AND WITH THE TERMS HEREIN.

James S. Bickel
(NAME) James S. Bickel

6/24/94
(DATE)

President/Owner
(TITLE)



U.S. Department
of Transportation
**Federal Aviation
Administration**

800 Independence Ave., S.W.
Washington, D.C. 20591

AUG 24 1990

Plan Identification No. E-NE-00002-U
[D-SO-110]

Mr. James Bickel
Electron Beam Development Corporation
3591 SW Deggeller Court
Palm City, FL 34990

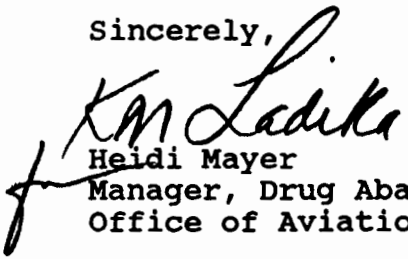
Dear Mr. Bickel

I am pleased to inform you that your enclosed anti-drug plan has been approved by the Federal Aviation Administration (FAA). Under the terms of this approval, you are authorized to begin testing covered employees on December 11, 1990. This approval is also contingent on your continuing association with the Professional Pilots Testing Services, Inc. Consortium as specified in your plan. Should you terminate or modify the terms of your consortium membership, you must notify FAA, and submit an alternative plan for meeting the requirements of the drug testing program. Your plan has been issued the unique identification number shown above. Please be sure to include this number in any communication to the FAA regarding your program.

Federal Aviation Regulations require submission of semiannual and annual reports to the FAA Office of Aviation Medicine. Initial reports should be submitted by August 15, 1991, and should cover the period from initial implementation of your program through June 30, 1990. A sample reporting format is enclosed. Reports may be submitted directly to FAA, or through your approved consortium, depending on the terms of your membership.

Please feel free to contact this office if you have any questions regarding the FAA Anti-Drug Program.

Sincerely,


Heidi Mayer
Manager, Drug Abatement Branch
Office of Aviation Medicine

Enclosures

cc: Professional Pilots Testing Services, Inc. Consortium