



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

Office of Aerospace Medicine
Drug Abatement Division
800 Independence Ave., S.W.
Washington, D.C. 20591

October 31, 2013

Ms. Debra Burmeister
Rockwell Collins, Inc.
400 Collins Rd. NE
Mailstation 107-103
Cedar Rapids, IA 52498

Dear Ms. Burmeister:

Thank you for sending the Federal Aviation Administration (FAA) Drug Abatement Division your amended Drug and Alcohol Testing Program Registration. This Registration includes the following:

Certificated Repair Stations:

Cedar Rapids, IA – R4WR962J, additional fixed locations: Manchester, IA; Decorah, IA; Bellevue, IA.

Cedar Rapids, IA – R7CR961J, additional fixed locations: Coralville, IA and 400 Collins Rd NE, Cedar Rapids, IA.

Portland, OR
Federal Way, WA
Atlanta, GA
Cedar Rapids, IA

F2DR018N
RE3R812L
HB4R226M
KI2R953K

Cedar Rapids, IA
Melbourne, FL
Wichita, KS

KI2R953K
C5MR761J
NZ2R049L

Your Drug and Alcohol Program Registration number **CONN885A** has not changed. Please continue to use your assigned number in any correspondence regarding your Drug and Alcohol Testing Program.

Your Registration number is valid for three years; it **expires October 31, 2016**. Thirty (30) days prior to the expiration date please complete a new Registration form and submit it to the FAA Drug Abatement Division at the address above.

If you have any questions about this matter, please call 202-267-8442.

Sincerely, .

Margie Rustin
Manager, Program Administration Branch

Enclosures

DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION FORM

(Form is located at: http://www.faa.gov/about/office_org/headquarters_offices/av/offices/eam/drug_alcohol/testing/media/RegistrationForm.pdf)

Indicate if this is a: ☐ New Registration
☐ Registration Renewal
☒ Registration Amendment

FAA Registration Number **CONN885A**

Type of Company: ☒ Contractor (If you are a part 145 certificate holder, list all certificate numbers covered under this registration)
☐ Air traffic control facility (Not operated by the FAA or by or under contract to the U.S. Military)

Company Name: **Rockwell Collins, Inc.**

Physical Address: **400 Collins Rd. N.E.**

☒ Same as Physical
Mailing Address:

Mailstation **107-103**

Cedar Rapids IA 52498

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 the address 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):

Address

City State Zip

Please list DBA's and/or part 145 certificate numbers covered by this registration, if applicable:

see attached

Identify the type of safety-sensitive function(s) you perform or intend to perform for an employer:

- | | | |
|--|---|---|
| <input type="checkbox"/> Flight crewmember duties | <input type="checkbox"/> Aircraft dispatcher duties | <input type="checkbox"/> Air traffic control duties |
| <input type="checkbox"/> Flight attendant duties | <input type="checkbox"/> Ground security coordinator duties | <input type="checkbox"/> Aviation screening duties |
| <input type="checkbox"/> Flight instruction duties | <input checked="" type="checkbox"/> Maintenance or preventive maintenance duties (as defined in 14 CFR part 43) | |

Indicate whether you have: ☒ 50 or more safety-sensitive employees ☐ 49 or fewer safety-sensitive employees
Indicate whether you are: ☐ A Staffing Company ☒ Not A Staffing Company

Certification Statement:

I certify that I/my company will comply with 14 CFR part 120 and 49 CFR part 40. If I am a contractor, I certify that I intend to provide safety-sensitive functions, directly or by contract, to a part 119 certificate holder with authority to operate under part 121 or 135, an air traffic control facility not operated by the FAA or by or under contract to the U.S. military, or an Air Tour Operator conducting flights under part 91.147.

Signature:

Debra L. Burmeister

Date:

10/23/13

Authorized Representative (Service Agents are not authorized to sign on behalf of the company)

Print Name: **Debra L. Burmeister**

Title: **RN. DER**

Business Telephone: **319-295-4551**

Facsimile Telephone: **319-295-8800**

E-mail address: **dburmei@rockwellcollins.com**

Send this information to:

Federal Aviation Administration
Drug Abatement Division (AAM-810)
800 Independence Avenue, S.W., Room 806
Washington, DC 20591

Fax: 202-267-5200

Phone: 202-267-8442

FAA Registration Number:

CONN885A

FOR FAA USE ONLY

Registered by:

Saida Pierri

Date Registered/Amended:

October 31, 2013

Registration Expiration Date

October 31, 2016