

**ANTIDRUG PLAN/ALCOHOL MISUSE PREVENTION PROGRAM
CERTIFICATION STATEMENT**

New Plan **Plan Amendment**

1. **Company/Operator Name** California Radomes
d/b/a (if applicable) _____
Address 364 Reed Street
City Santa Clara **State** CA **Zip** 95050
Telephone: (voice) (408) 562-1919 **(fax)** (408) 727-7269

Previously approved identification number _____

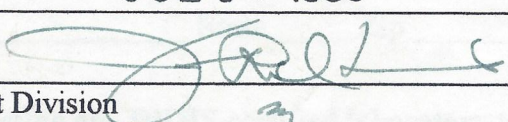
2. **Antidrug Program Manager:** Thomas Stanley

3. Type of Operator	FAA Certificate Number	Issue Date
<input type="checkbox"/> Part 121.		
<input type="checkbox"/> Part 135.		
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station).	BH3R397L	November 8, 1984
<input type="checkbox"/> ATC facility.	N/A	NA
<input type="checkbox"/> Contractor.	N/A	NA

4. **Number of Safety-Sensitive Employees:**

Flight Crewmember	_____	Aircraft Maintenance	<u>15</u>
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	<u>24 15</u>		

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DRUG ABATEMENT DIVISION
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FOR FAA USE ONLY	
Identification Number	<u>D-WP-00520-S</u>
APPROVED	JUL 30 1998
	
Drug Abatement Division Federal Aviation Administration	