



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

Aviation Safety

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

November 20, 2020

Mary P. Matychak
Vice President of Human Resources
Ametek MRO Florida, Inc.
7370 NW 35th Street
Miami, FL 33122

Dear Ms. Matychak:

We have processed the Drug and Alcohol Testing Program Registration amendment for Ametek MRO Florida, Inc. and a copy is enclosed. Your registration number, **CONN987C**, has not changed.

Your program registration includes the following certificated repair stations or locations:

	Name	Part 145 Certificate #	Location
1	Ametek Aircraft Parts & Accessories, Inc., Ametek Aerospace & Defense	NE2R028L	Wichita, KS
2	Ametek Ameron LLC d/b/a Ameron Global Product Support	RU2R148L	St. Louis, MO
3	Ametek Aerospace & Defense, Inc.	II2R899K	Tulsa, OK
4	Ametek Ameron, LLC	OVVR461N	Holbrook, NY
5	Ametek Ameron, LLC	O6UR165Y	Baldwin Park, CA
6	Ametek MRO Florida, Inc.	1VTR273B	Miami, FL
7	Southern Aero Partners, Inc.	QAKR523K	Tulsa, OK

Your program registration will expire on November 20, 2023, and we recommend that you submit a registration renewal prior to the date.

If you have any questions, please contact our office at (202) 267-8442 or via email at drugabatement@faa.gov.

Sincerely,

Margie Rustin
Aviation Safety
Manager, Program Administration Branch
Drug Abatement Division

Enclosure: FAA Drug and Alcohol Testing Program Registration (sample form)

FAA DRUG AND ALCOHOL TESTING PROGRAM REGISTRATION

(Sample form available at: http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/starting/media/RegistrationForm.pdf)

Check Registration Type: New Renewal (CONN _____) Amendment (CONN 987C)

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

Company Name: Ametek MRO Florida, Inc.

Physical Address: 7370 NW 35th Street Miami FL 33122
Address City State Zip

Check box, if your program records are kept at the physical address location

Mailing Address: 7370 NW 35th Street Miami FL 33122
Address City State Zip

Check box, if your program records are kept at the mailing address location

Records Address: _____
Address City State Zip

(The records address, if different, should be the location where FAA would inspect records and not a service agent address.)

List DBA's and/or part 145 certificates covered by this registration, if applicable (use attachment if necessary):

NE2R028L RU2R148L II2R899K OVVR461N O6UR165Y 1VTR273B QAKR523K

Identify the type of safety-sensitive function(s) included in your program:

- | | | |
|--|---|---|
| <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"/> Aircraft maintenance or preventive maintenance duties (as defined in 14 CFR part 1 and part 43) | <input type="checkbox"/> Operations control specialist duties |

Please describe the safety-sensitive duties you plan to provide (use attachment if necessary). _____

Maintenance Repair, Avionics Instrument & Radio Components

How many safety-sensitive employees will be covered by this Registration: 93

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; and I intend to provide safety-sensitive functions, directly or by contract (including subcontract at any tier) to a part 119 certificate holder with authority to operate under part 121 or 135 or an air tour operator as defined under 14 CFR § 91.147; or as an air traffic control facility not operated by the FAA or by or under contract to the U.S. military.

Signature: Mary P Matychak **Date:** 11-20-2020
Authorized Designated Employer Representative (Service Agents are prohibited from signing on behalf of company)

Print Name: Mary P Matychak **Title:** Vice President of HR/DER

Phone Numbers: Business - 978-988-4463 Facsimile - _____ Cell - _____

E-mail address: mary.matychak@ametek.com

Send form to the FAA's Aviation Safety, Drug Abatement Division at drugabatement@faa.gov or fax to 202-267-5200

DO NOT WRITE BELOW – FOR FAA USE ONLY

FAA Registration number: CONN 987C Registered by: _____

Date Registered/Amended/Renewed: November 20, 2020 Expiration Date: November 20, 2023