

**CONSORTIUM MEMBER
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT**

New Plan Plan Amendment

1. Consortium Name: Hyannis Anti-Drug Consortium
 Address: 986 Sunrise Hwy
 City: North Babylon, State: N.Y. Zip: 11703
 Telephone Number: (voice) 631-581-4343 (fax) 631-581-4075
 Consortium Plan Identification Number: # E-~~EA~~-00014-U

[Signature] Hyannis Anti-Drug Consortium 11/14/00
 Signature Consortium ADPM Typed/Printed Name Consortium ADPM Date

2. Company/Operator Name: Atlantic Aero Support, Inc.
 d/b/a (if applicable) _____
 Address: 2 Hinckley Road
 City: Hyannis State: MA Zip: 02601
 Telephone number: (voice) 508-775-6400 (fax) 508-790-4332

3. Company/Operator Antidrug Program Manager (ADPM): Karen L. Pare

4. Type of Operator:

	FAA Operating Certificate	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)	<u>POQR757 K</u>	<u>7/7/93</u>
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

FOR FAA USE ONLY

Identification Number E-EA-00014-U [D-NE-026]

APPROVED C. Bradshaw DATE _____

Drug Abatement Division DEC 28 2000

Federal Aviation Administration

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