CONSORTIUM MEMBER

ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT

[] New Plan [X] Plan Amendment D-SO-218

C	Consortium Name: THE AMERIJET CONSORTIUM					
P	Address: 498 S.W. 34th Street					
C	Lity: Ft. Lau	derdale State: Fl	orida Zip: 333	315		
7	Telephone number: (Voice) 954-359-0077 (Fax) 954-359-9448					
C	consortium Pla	n Identification Num		1 10		
Sign	ature Consort	ium ADPM Name o	f Consortium AI	DPM Date		
2. 0	2. Company/Operator Name: JAS SERVICES, INC.					
	d/b/a(if app	licable):				
Address: 9624 SUNBEAM CENTER DR.						
C	City: JACKSONVILLE State: FL Zip: 32257					
Т	elephone Numb	er:(Voice) 904-292-2	328 (Fax) 904-	-292-2329		
3. Company/Operator Anti-Drug Program Manager(ADPM): KEN TILLEY						
4. T	ype Of Operat		erating Certifi	.cate Issue Date		
Гі	Daniel 101	30 30 30 30 50 FeV	<u> </u>	.cate Issue Date		
	Part 121. Part 135.					
	Part 135.1(c)	(sightseeing only).		N/A		
	Part 145 (rep ATC facility.	air station)	YJAR840L N/A	09/24/93 N/A		
	Contractor.		N/A	N/A		
			·			
500000 500000			FOR FAA USE ON	ILY		
		FOR FAA USE ONLY Plan Identification Number E-S0-00008-U (D-S0-218)				
25	APPROVED NOV 18 1998					
52						
A S S	Drug Abatement Division					
4	Federal Aviation Administration					