

FAA ALCOHOL MISUSE PREVENTION PROGRAM (AMPP)  
CERTIFICATION STATEMENT

E-WP-00007-U

PART 1 - EMPLOYER INFORMATION

[D-WP-146]

**1. EMPLOYER/CONTRACTOR COMPANY NAME/ADDRESS/TELEPHONE:**

TYM'S INC.  
414 West Arbor Vitae  
Inglewood CA 90301  
TEL: (310) 673-3330 FAX 310 673-0580

**2. AMPP PROGRAM MANAGER NAME/ADDRESS/TELEPHONE:**

~~XXXXXXXXXX~~ DIANE KABZINSKI  
414 West Arbor Vitae  
Inglewood CA 90301  
TEL: (310) 673-3330 FAX 310 673-0580

**3. CERTIFICATES ISSUED BY THE FAA:**

Operating Certificate No. UD3R889L  
Date Issued MAY 3, 1965, REISSUED JULY 12, 1993

**4. IMPLEMENTATION DATE:** 1/1/95

**5. CONSORTIUM:**

AMS Consortium  
4102 Orange Ave Suite 107-134  
Long Beach CA 90807  
TEL: (310) 431-1077 FAX: (310) 430-3503

RECORDED  
INDEXED  
MAY 11 1995  
FBI - LOS ANGELES  
MAY 11 1995  
MAY 11 1995

PART II - CERTIFICATION STATEMENT

I certify that I am authorized to represent TYM'S INC. in this matter, that the information in Part 1 of this document is correct to the best of my knowledge and belief, and that TYM'S INC. will comply with the provisions of the Federal Aviation Administration's alcohol misuse prevention program regulations and with the terms herein.

[Name] DIANE KABZINSKI *Diane Kabzinski* [Date] 10/18/94

[Title] ADPM, AMPP PROGRAM MANAGER