

**Aviation Safety** 

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

July 24, 2023

Peter Heavilin Quality Manager MS Manufacturing, LLC d/b/a KIHM Metal Technologies 301 N. Murphy Avenue Brazil, IN 47834

Dear Mr. Heavilin,

We have processed the Drug and Alcohol Testing Program Registration renewal for MS Manufacturing, LLC d/b/a KIHM Metal Technologies and a copy is enclosed. The registration number, **CONN615D**, has not changed.

The program registration will expire on **July 24**, **2026**, 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,

for Heath Hohensee Aviation Safety Acting Manager, Program Administration Branch Drug Abatement Division

Enclosure: FAA Drug and Alcohol Testing Program Registration

FAA DR (Sample form available at: http://				PROGRAM I			)
Check Registration Type:	New	Renewal (C	CONN_615D	) Amer	ndment (CONN		)
Type of Company:						nder this registration below) t to the U.S. Military	
Company Name: MS Manu	ıfacturin	g, LLC					
Physical Address: 301 N M	urphy A	ve	Brazil		IN	47834	
Address		Check box, if your p	City program records are	kept at the physical addi	State ress location	Zip	
Mailing Address: Address			C't		St. 1	7'	
Address		Check box, if your p	City program records are	kept at the mailing addr	State ess location	Zip	
Records Address:Address			Cita		C4-4-	7'.	
	ıddress, if d	fferent, should be th	City ne location where F.	AA would inspect record	State Is and not a service	Zip e agent address)	
List DBA's and/or part 145 d/b/a KIHM Metal Technologies	certifica	tes covered by t	this registration	ı, if applicable (uso	e attachment i	f necessary):	
Flight crewmember duties Flight attendant duties Flight instruction duties  Please describe the safety-se  Machining Oh	ensitive d	Aircraft mainter maintenance du uties you plan t	coordinator dut nance or prevent ties (as defined in to provide (use	ve	3)		
How many safety-sensitive on the dicate whether you are:		s will be covere taffing Company			ffing Company	1	
Certification Statement: I to provide safety-sensitive to holder with authority to ope traffic control facility not of Signature:	functions, erate unde	directly or by cor r part 121 or 135	ontract (includi) 5 or an air tour	ng subcontract at an operator as defined of to the U.S. militate.	y tier) to a part under 14 CFR	119 certificate § 91.147; or as an air	
Authorized Design		ployer Representa	tive (Service Age	nts are prohibited from	m signing on beh	nalf of company)	
Print Name: Peter Heavi	lin			Title: Qualit	y Manager		
Phone Numbers: Busines				Cell			
E-mail address: pheavil	in@kihr	nmetaltech.c	om				
Send form to the FAA'	s Aviatio	n Safety, Drug	Abatement Div	ision at <mark>drugabat</mark> e	ement@faa.go	v or fax to 202-267-52	500 T
	DC	NOT WRIT	E BELOW -	FOR FAA USE	E ONLY		
FAA Registration number:	CONN_	615D	Registered b	y:			
Date Registered/Amended	Renewed	July 24, 2023		Expiration Date:	July 24, 2026		
Revision 12 JULY 6, 20	)20	For	more information	on on the FAA drug a		ng program, please visit	