

**APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED  
AIRMAN CERTIFICATE(S) AND KNOWLEDGE TEST REPORT(S)**

**PRIVACY ACT:** This information is required under the authority of the Federal Aviation Act (Section 602). Certification cannot be completed unless the data is complete. Disclosure of your Social Security Number (SSN) is optional. Routine uses of records maintained in the system include categories of users and the purposes of such uses; i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Act of 1958; repository of documents used by individual and potential employers to determine validity of airmen qualifications; to support investigative efforts of investigation and law enforcement agencies of Federal, State, and local governments; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airman Information System (CAIS); and to provide documents for microfilm and microfiche backup records.

Type of Certificate(s)	Certificate Numbers(s)	Date(s) of Issuance

Type of Test	Location Test Was Taken	Date of Knowledge Test

Complete name in which certificate was issued: \_\_\_\_\_  
(first) (middle) (last)

Present mailing address: _____	Physical address: _____ (If applicable)
_____	_____
_____	_____

**(If address is a PO Box, Rural Route, General Delivery, or Star Route, please provide a physical address, directions or map for locating your residence.)**

Date and place of birth: \_\_\_\_\_  
(Date) (Place)

Physical Description: Height (Inches) \_\_\_\_\_ Weight (Lbs.) \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

I enclose  check  money order  in the amount of \$ \_\_\_\_\_.

_____	_____
Date	Signature

The fee for each duplicate Airman or Medical Certificate is \$2. The fee for each knowledge test report is \$1. Check or money order for total fees (payable to the FAA) must accompany request.

For Airman Certificate or knowledge test Report, mail this request to:  
 Federal Aviation Administration  
 Airmen Certification Branch, AFS-760  
 Post Office Box 25082  
 Oklahoma City, OK 73125-0082

For Medical or combined Student/Medical, mail this request to:  
 Federal Aviation Administration  
 Medical Certification Branch, AAM-334  
 Post Office Box 25082  
 Oklahoma City, OK 73125

For radio/telephone license, mail this request to:  
 Federal Communication Commission  
 1919 "M" Street, NW  
 Washington, DC 20554