

**U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration
AIRMEN CERTIFICATION BRANCH, AFS-760**

REQUEST FOR COPIES OF MY COMPLETE AIRMAN FILE

PRIVACY ACT: This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) is optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airmen qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suites; to provide data for the Comprehensive Airmen Information System.

Full Name (As it appears on the certificate/Please print)

(Date-of-Birth)

(Place-of-Birth)

(Social Security No., Certificate No., Class of Certificate)

(Street Address, Apt./Suite No., PO Box/Rural Route No.)

(City)

(State)

(Zip Code)

I understand the fees for these copies are \$2 for Search of Records, \$3 for Certification of a file, 25 cents for the first page, and 5 cents for each remaining page.

My method of payment will be a check or money order in the amount of \$10. I understand that if the cost of the file is more than \$10, I will be billed for the difference; however, if the cost of the file is less than \$10, a refund will be mailed to me.

Signature (Typed or Printed signature is not acceptable)

Date