U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

REQUEST FOR COPIES OF MY COMPLETE OR PARTIAL 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 (D.O.B.) is optional. Refusal to furnish your SSN and/or D.O.B. will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or D.O.B. 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 suits; to provide data for the Comprehensive Airmen Information System.

_____

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

_____ _____

(Date-of-Birth) (Month/Day/Year) (Place-of-Birth)

_____

(Certificate Number, Class of Certificate)

_____

(Current Permanent Residential Street Address, Apt./Suite Number, P.O. Box/Rural Route Number)

_____ _____ _____

(City) (State) (Zip Code)

This form may be used to request a complete airman file or to request a partial file which is a copy of a specific airman application within the complete file. Certification of a file is often used for official purposes such as a court appearance or hearing. Certification is optional and does require a separate fee. The fees for these copies are 10 cents per printed page and an optional $10 for Certification of the file. Upon receipt of the requested complete airman file, you will be notified of the total charges due and the options of payment. **Please allow 6 to 8 weeks for processing.**

Mail this request to:
Federal Aviation Administration
Airmen Certification Branch
P.O. Box 25082
Oklahoma City, OK 73125-0082

Please check the appropriate box for the records you would like to obtain.

- ☐ Airmen Certification **Complete** File
- ☐ Airmen Certification **Partial** File
  (Specify the applications or documents requested)

  _____
- ☐ Accidents, Incidents or Enforcement Information
- ☐ Certified File (Additional Fee)

I swear, under penalty of perjury, that the identification information I have provided to the Federal Aviation Administration is true and correct and accurately identifies me.

_____ _____

Signature (Typed or Printed signature is not acceptable) Date