U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

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 suits; to provide data for the Comprehensive Airmen Information System.

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

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

(Certificate No., Class of Certificate)

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

(City)   (State)   (Zip Code)

FEES FOR A COMPLETE AIRMAN CERTIFICATION FILE: 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 additional page. 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, AFS-760
PO Box 25082
Oklahoma City, OK 73125-0082

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

☐ **For Airman Certification File**

☐ **For Medical or Combined Student/Medical File**

☐ **For Accidents, Incidents, or Enforcement Information**

Signature (Typed or Printed signature is not acceptable)   Date

AC Form 8060-68 (10/09)