

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

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

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(Date-of-Birth)

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(Place-of-Birth)

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

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

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(City)

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(State)

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(Zip Code)

**FEES:** 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.**

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Signature (Typed or Printed signature is not acceptable)

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Date

Mail this request to:  
Federal Aviation Administration  
Airmen Certification Branch, AFS-760  
PO Box 25082  
Oklahoma City, OK 73125-0082

To request copies of your **Medical Records, Accident and Incident, or Violation Information**, please contact the appropriate offices below:

For Medical or combined Student/Medical,  
Please contact:  
Federal Aviation Administration  
Medical Certification Branch, AAM-331  
Post Office Box 26200  
Oklahoma City, OK 73125-0082

For Accidents, Incidents, or Violation Information,  
Please contact:  
Federal Aviation Administration  
Aviation Data System Branch, AFS-620  
Post Office Box 25082  
Oklahoma City, OK 73125-0082