

Civil Aerospace Medical Institute (CAMI)
Aerospace Medical Certification Division
Limited Certificate Petition

Name: _____

PI#: _____

Address: _____

Date of Birth: _____

In the event you are found not qualified for the class of medical certificate sought, would you accept a lower class with one of the following limitations?

Yes

No

Indicate what limitations would be acceptable:

Aerial Application (crop dusting, etc)

Two-Pilot Crew

Flying involving carrying passengers for compensation or hire

Flying involving carrying cargo for compensation or hire

Flight Engineer

Signature: _____

Date: _____