

APPLICATION FOR REPLACEMENT OF LOST, DESTROYED, OR PAPER AIRMAN CERTIFICATE (S) AND KNOWLEDGE TEST REPORT (S)

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) are 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.

Type of Certificate(s)	Certificate Number(s)	Date(s) of Issuance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Test	Location Test Was Taken	Date of Knowledge Test
_____	_____	_____

Complete name in which certificate was issued: _____
(First) (Middle) (Last)

Present mailing address: _____	Physical address: _____ (If applicable)
_____	_____
_____	_____

Email Address: _____

(If address is a PO Box, Rural Route, General Delivery, or Star Route, please provide physical address, directions or map for locating your residence.)

Date and place of birth: _____
(Date) (Place)

Physical Description: Height (Inches) _____ Weight (lbs) _____ Hair _____ Eyes _____ Sex _____

Social Security Number: _____ Citizenship: _____

I enclose check money order in the amount of \$_____.

_____	_____
(Date)	(Signature)

The fee for each replacement Airman or Medical Certificate is \$2. The fee for each knowledge test report is \$1. Check or money order for total fees (payable to the FAA) must accompany request.

For Airman Certificate or knowledge test Report, mail this request to:
 Federal Aviation Administration
 Airmen Certification Branch, AFS-760
 Post Office Box 25082
 Oklahoma City, OK 73125-0082

For Medical or combined Student/Medical, mail this request to:
 Federal Aviation Administration
 Medical Certification Branch, AAM-334
 Post Office Box 25082
 Oklahoma City, OK 73125