U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

REQUEST FOR COPIES OF MY COMPLETE AIRMAN FILE

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 Permament 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 8060-68 (10/09)