

**Verification of Authenticity of Foreign License, Rating, and Medical Certification
Instructions for completing the form**

Basic Airman Information

Block 1. Name: Last, First, Middle Enter all names that appear on your foreign pilot certificate.

Block 2. Date of Birth. Enter eight digits; Use numeric characters, i.e. 07-09-1940. Check to see that DOB is the same as it is on the foreign license and medical certificate.

Block 3. Place of Birth. Enter the name of the city and country where you were born.

Block 4. Address. Enter the address you want your copy of the verification letter mailed to.

Block 5. City, State, Zip code (Country if applicable)

Block 6. Citizenship. Enter the country where you are a citizen.

Block 7a. Do you hold a Current Foreign Medical Certificate or Endorsement? Check yes or no.

Block 7b. Class of certificate. Enter the class of the foreign medical certificate or endorsement.

Block 7c. Date issued. Enter the date the foreign medical certificate or endorsement was issued.

Block 7d. Date expired. Enter the expiration date of the foreign medical certificate or endorsement.

Block 7e. Name of Examiner. Enter the name of the person as shown on foreign medical certificate or endorsement.

Certificate or Rating Applied for on Basis of:

Block 8. Holder of Foreign License Issued By.

8a. Country. Enter Name of ICAO Country that issued the license.

8b. Grade of License. Enter Grade of license issued, i.e. private, commercial, etc.

8c. Number. Enter number that appears on the license.

8d. Ratings. Enter all ratings that appear on the license.

Block 9. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license? Check yes or no.

Block 10. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application. Enter the location of the FSDO from the list provided so your verification can be provided to that FSDO. Please do not provide location of flight school, employer or Airmen Certification Branch, AFS-760

Signature of Applicant. Sign your full name.

EMAIL Address if applicable.

Telephone number where you can be reached if applicable.

Enter the date you sign the Verification of Authenticity of Foreign License, Rating, and Medical Certification form.

TYPE OR PRINT ALL ENTRIES IN INK

Verification of Authenticity of Foreign License, Rating, and Medical Certification Privacy Act

The information on the accompanying form is solicited under authority of Title 14 of the Code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN) which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT/FAA 847. Those routine uses are: (a) To provide basic airman certification and qualification information to the public upon request. (b) To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Basic Airman Information

1. Name as it appears on your foreign license. Last First Middle	2. Date of Birth Month Day Year	3. Place of Birth
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4. Address you want your copy of the verification letter mailed to.

5. City, State, Zip Code (Country if applicable)	6. Citizenship
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7a. Do you hold a Current Foreign Medical Certificate or Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No	7b. Class of Certificate	7c. Date Issued	7d. Date Expired	7e. Name of Examiner
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Certificate or Rating Applied For on Basis of:

8. Holder of a Foreign License Issued By	8 a. Country	8 b. Grade of License	8 c. Number
	8 d. Ratings (Enter all ratings that appear on your foreign license)		

9. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license?
 Yes No

10. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application. (Select FAA FSDO from list provided. Please do not provide location of flight school, employer, or Airmen Certification Branch, AFS-760.)

I hereby authorize the issuing CAA to provide all pertinent information to the FAA. Signature of Applicant	EMAIL Address
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Telephone Number where you can be reached.	Date
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Attachments:

Copy of Foreign License Copy of English Transcription of License Copy of Medical Certificate or Endorsement