U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION AIRMEN CERTIFICATION BRANCH, AFS-760

FOIA REQUEST FOR COPIES TO 3RD PARTY

| Please check the appropriate box for the records you would like to obtain: FOIA REQUEST FOR COPIES OF NOTICE OF DISAPPROVAL APPLICATIONS ONLY FOIA REQUEST FOR COPIES OF COMPLETE AIRMAN FILE, INCLUDING DISAPPROVED APPLICATIONS CERTIFIED NON-CERTIFIED | | | | | |
|--|---|---|---|--|---|
| | | | Disclosure of your Social Security Number (SSN) and/or date provided by law; however, failure to provide the SSN and/or I include; categories of users and the purpose of such uses i.e | e of birth (DOB) is optional. Refusal to furnish your SSN a OOB may result in the delay of a response or the processi to determine that airmen are certified in accordance with termine validity of airmen qualifications; to support investi | g. Your request cannot be processed unless the data below is complete. nd/or DOB will not result in the denial of any right, benefit, or privilege ng of your inquiry. Routine uses of records maintained in the system n the provision of the Federal Aviation Regulations; repository of gative efforts of Federal, State, and local law enforcement agencies; he Comprehensive Airmen Information System. |
| | | | PLEASE BILL AND MAIL COPIES TO | : | |
| | | | | (Company Name) | |
| | (company rame) | | | | |
| | (Address) | | | | |
| | | | | | |
| (City) | (Sta | te) (Zip Code) | | | |
| (Requestor's Phone Number) | (Requestor's Name - Printed) | (Requestor's Signature) | | | |
| accordance with the prescribed guidelin | nes under the Freedom of Information | have requested and you will be charged in Act, 5 USC 552. There will be additional fees a will be notified of the total charges and the | | | |
| | Mail this request to: Federal Aviation Administration Civil Aviation Registry, AFS-700 PO Box 25082 Oklahoma City, OK 73125-0082 OR FAX to: 405-954-5759 | | | | |
| | | | | | |
| | (Airman's Full Name) | | | | |
| (Airman's Date of Birth) (Month/ | Day/Year) (Airman' | s Certificate No. and Class of Certificate) | | | |
| AIRMAN'S SIGNED RELEASE | | | | | |
| I authorize the Federal Aviation Admirecords to the person or company lis | | anch, to release copies of my airmen | | | |
| Signature (Typed or Printed signature) | ture is not acceptable) | Date | | | |