



U.S. Department of Transportation
Federal Aviation Administration

MEDICAL EXEMPTION PETITION (Operational Questionnaire)

Name: (Last, First, Middle)	PI#
Address: (No. Street, City, State, ZIP Code)	Date of Birth: (Month, Day, Year)

Check applicable item(s) in each category indicating how you plan to use the medical certificate for which you are applying. If additional space is needed for explanation, use reverse side of this form.

1. TYPES OF AIRCRAFT

- Single Engine
 Multi-engine
 Helicopter
 Jet
 Sea or Skiplane
 Experimental

Special aircraft or equipment. Give details:

Other: Give details.

2. TYPES OF OPERATIONS

- | | | |
|---|---|--|
| <input type="checkbox"/> Acrobatics | <input type="checkbox"/> Daylight Operations | <input type="checkbox"/> Mountainous (_____ feet elevation) |
| <input type="checkbox"/> Aerial Application (cropdusting, etc.) | <input type="checkbox"/> Night Operations | <input type="checkbox"/> Remote (pipeline patrol, ranching) |
| <input type="checkbox"/> Aerial Patrol (police, fire, border, etc.) | <input type="checkbox"/> Instrument Flying | <input type="checkbox"/> Self-employed, Private |
| <input type="checkbox"/> Air Taxi Operations | <input type="checkbox"/> Supersonic Flight | <input type="checkbox"/> Flying involving carrying passengers for compensation or hire |
| <input type="checkbox"/> Altitudes above 8,000 feet | <input type="checkbox"/> Travel Club | <input type="checkbox"/> Flying involving carrying cargo for compensation or hire |
| <input type="checkbox"/> Corporate or Business | <input type="checkbox"/> Transoceanic, Over Water | <input type="checkbox"/> High Density Traffic, Metropolitan Areas |

Other: Give details.

3. DUTIES

- Pilot-in-Command
 Second-in-Command
 Flight Engineer
 Instructor, Flight Training
 Check Pilot: Proficiency Line

Other: Give details.

4A. Maximum Daily Flight Time: (Circle AM or PM)	4B. Maximum Daily Duty Time: (Circle AM or PM)	4C. Scheduling Irregular:
From: A.M. P.M.	From: A.M. P.M.	<input type="checkbox"/> No <input type="checkbox"/> Yes
To: A.M. P.M.	To: A.M. P.M.	

5. Will you be under any medical supervision in your flight operations other than that provided by FAA regulations? If YES, explain. No Yes

6. In carrying out your flight activities, will there be another qualified pilot in the cockpit on all flights? If YES, explain. No Yes

7. In the event you are found not qualified for the class of medical certificate sought, would you accept a lower class? If YES, explain. No Yes