

Date: _____

Federal Aviation Administration
Civil Aviation Security Division, AMC-700
P. O. Box 25810
Oklahoma City, OK 73125

Dear Sir or Madam:

I submit the following information in compliance with Federal Aviation Regulation 61.15(e):

1. NAME: _____
(Last Name, First Name, Middle Name or Initial)

2. DATE OF BIRTH: _____

3. CERTIFICATE #: _____

4. ADDRESS: _____
(Street Number/Name, Post Office Box, RFD...etc.)

(City, State, Zip Code)

5. TYPE OF VIOLATION: _____
(DUI, DWI, DWAI, Refusal to Test..etc.)

6. DATE OF ACTION: _____
(Date of the Conviction or Administrative Action*)

7. STATE HOLDING RECORD: _____

8. STATEMENT AS TO WHETHER THE MOTOR VEHICLE ACTION AROSE FROM THE SAME INCIDENT OR AROSE OUT OF PREVIOUSLY REPORTED MOTOR VEHICLE ACTION. (Is this action from the same incident or was there more than one arrest, particularly within a three-year period?)

(Your Signature)

OPTIONAL INFORMATION:

1. DRIVER'S LICENSE NUMBER: _____
2. SOCIAL SECURITY NUMBER: _____
3. TELEPHONE NUMBER(S): _____

*A Motor Vehicle Action is defined as ANY alcohol/drug related administrative action taken against a person's state driver's license-including suspensions, cancellations, revocations, or denials of a license to operate a motor vehicle, or conviction for an alcohol related motor vehicle offense.

You may print and mail this form or submit it via fax to (405) 954-4989