

APPLICATION FOR REPLACEMENT OF LOST, DESTROYED, OR PAPER AIRMAN CERTIFICATE (S)

PRIVACY ACT: This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) are optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airmen qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airmen Information System.

Type of Certificate(s)	Certificate Number(s)	Date(s) of Issuance

Complete name in which certificate was issued: _____
(First) (Middle) (Last)

Present mailing address: _____ Physical address: _____
(If applicable)

Email Address: _____

(If address is a PO Box, Rural Route, General Delivery, or Star Route, please provide physical address, directions or map for locating your residence.)

Date and place of birth: _____
(Date) (Place)

Physical Description: Height (Inches) _____ Weight (lbs) _____ Hair _____ Eyes _____ Sex _____

Social Security Number: _____ Citizenship: _____

I enclose check money order in the amount of \$_____.

_____ (Date) _____ (Signature)

The fee for each replacement Airman Certificate is \$2. Check or money order for total fees (payable to the FAA) must accompany request.

Please mail this request to:
 Federal Aviation Administration
 Airmen Certification Branch, AFS-760
 P O Box 25082
 Oklahoma City, OK 73125-0082

For a replacement of your Medical or combined Student/Medical, contact:

Federal Aviation Administration
 Medical Certification Branch, AAM-334
 P O Box 25082
 Oklahoma City, OK 73125-0082
 405-954-4821

