



US Department
Of Transportation

**Federal Aviation
Administration**

Verification of Authenticity of Foreign License, Rating, and Medical Certification Supplemental Information and Instructions

Paperwork Reduction Act Statement:

The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 10 minutes to complete this form. The information collected is required to obtain a benefit and becomes part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0724. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709, and 14 C.F.R. Parts 61 and 63. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

- (a) Providing basic airman certification and qualification information to the public upon request; examples of basic information include:
- The type of certificates and ratings held, limitations, date of issuance and certificate number;
 - The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
 - The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
 - Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
 - Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- (b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- (d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- (e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.
- (f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- (g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- (h) Making airman records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- (i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- (j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.
- (k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- (l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- (m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.
- (n) Other possible routine published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

**Instructions for Completing the Form for
Verification of Authenticity of Foreign License, Rating, and Medical Certification**

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. DOB is the same as it appears 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.

Certificate or Rating Applied for on Basis of:

Block 7a. Country: Enter name of ICAO country that issued your license.

Block 7b. Grade of License: Enter the grade of license issued, i.e., private pilot, commercial pilot, etc.

Block 7c. Number: Enter the certificate number that appears on your license.

Block 7d. Ratings: Enter all ratings that appear on your license.

Block 8. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license? Check yes or no.

Block 9. Do you hold a Current Foreign Medical Certificate or Endorsement? Check yes or no.

Block 9a. Class of certificate: Enter the class of the foreign medical certificate or endorsement.

Block 9b. Date issued: Enter the date the foreign medical certificate or endorsement was issued.

Block 9c. Date expired: Enter the expiration date of the foreign medical certificate or endorsement.

Block 9d. Name of Examiner: Enter the name of person as shown on foreign medical certificate or endorsement.

Block 10. Please provide the U.S. certificate and rating you will be applying for.

Block 11. 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.

Attachments: Please include a copy of your foreign pilot license and medical license or endorsement. Include copies of English transcription of license, if applicable.



DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Form Approved OMB No: 2120-0724
Expires, January 31, 2011

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

Basic Airman Information

1. Name as it appears on your foreign license.			2. Date of Birth			3. Place of Birth		
Last	First	Middle	Month	Day	Year			
4. Address you want your copy of the verification letter mailed to.								
5. City, State, Zip Code (Country if applicable)						6. Citizenship		

Certificate or Rating Applied For on Basis of:

7. Foreign License Issued by		7a. Country	7b. Grade of License		7c. Number	
7d. Ratings (Enter all ratings that appear on your foreign license)						
8. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license?						
Yes <input type="checkbox"/> No <input type="checkbox"/>						
9. Do you hold a Current Foreign Medical Certificate or Endorsement?		9a. Class of Certificate	9b. Date Issued	9c. Date Expired	9d. Name of Examiner	
Yes <input type="checkbox"/> No <input type="checkbox"/>						
10. Please provide the U.S. certificate and rating you will be applying for:						
11. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application. (Select FAA FSDO from list provided.)						
Telephone number where you can be reached				EMAIL Address		
Applicant's Certification – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of my FAA certificate to me. I authorize the issuing CAA to provide all pertinent information to the FAA. I have also read and understand the Privacy Act statement that accompanies this form.						
Signature of Applicant				Date		
Attachments Must Include All of the Following:						
<input type="checkbox"/> Copy of Foreign License <input type="checkbox"/> Copy of Medical License or Endorsement <input type="checkbox"/> Copy of English Transcription of License (If Applicable)						

PLEASE MAIL COMPLETED FORM TO: Department of Transportation, Federal Aviation Administration, Airmen Certification Branch, AFS-760, PO Box 25082, Oklahoma City, OK 73125.