

**U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration
AIRMAN CERTIFICATION BRANCH, AFS-760**

**REQUEST FOR COPIES OF MY COMPLETE AIRMAN CERTIFICATION FILE TO BE
RELEASED TO A THIRD PARTY**

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) is 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 airman 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 Airman Information System.

Full Name (As it appears on airman certificate/Please print.)

Date of Birth

Place of Birth

(Social Security Number, Certificate Number, Class of Certificate)

(Current Street Address, Apt/Suite Number, PO Box/Rural Route Number)

City

State

Zip Code

Please mail my complete airman file to the following name and address:

NATA Compliance Services

9400 Gateway Drive, Suite D

Reno, NV 89521

FAX 866 768 2881 or 800 682 1969

I authorize the Federal Aviation Administration to release copies of my complete airman file to the person or company listed above.

Signature (Typed or printed signature is not acceptable.)

Date