



U.S. Department  
of Transportation

**Federal Aviation  
Administration**

**INFORMATION FOR APPLICANT**

**APPLICATION FOR  
AIRMAN MEDICAL CERTIFICATE  
OR  
AIRMAN MEDICAL AND STUDENT PILOT CERTIFICATE**

*Privacy Act Statement*

The information on the attached FAA Form 8500-8, Application For Airman Medical Certificate Or Airman Medical And Student Pilot Certificate, is solicited under the authority of the Federal Aviation Act of 1958, as amended, and the Federal Aviation Regulations, Part 67, Medical Standards and Certification.

Except for your Social Security Number (SSN), submission of this information is mandatory. Incomplete submission will result in delay of further consideration or denial of your application for an airman medical certificate or airman medical and student pilot certificate. Other than your SSN, the purpose of the information is to determine whether you meet Federal Aviation Administration medical requirements to hold an airman medical certificate or airman medical and student pilot certificate. The information will also be used to provide data for the FAA's automated medical certification system to depict airman population patterns and to update certification procedures and medical standards. For air traffic control specialists employed by the Federal Government, the information requested will be used as a basis for determining medical eligibility for initial and continuing employment. Routine uses of information of this general nature are published in the description of the Privacy Act System of Records DOT/FAA-847, General Air Transportation Records on Individuals, which appeared in the Federal Register of August 2, 1988, pages 29105 *et seq.*

Submission of a SSN is not required by law and is voluntary. Refusal to furnish your SSN will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited to assist in performing the agency's functions under the Federal Aviation Act of 1958, as amended. If supplied, it will be used by the FAA to associate all information in agency files relating to you. If you refuse to supply your SSN, a substitute number or other identifier will be assigned, as required.

The written consent authorization of this form under No. 20, Applicant's Declaration, permits the FAA to request information, if any, pertaining to your driving record from the National Driver Register (NDR). The FAA will then match such NDR information with the information you provide on the medical history part of the form. Since the NDR identifies only probable matches, the FAA will verify the NDR information it receives with the state of record. You have the right to request an NDR file check to determine if it contains any information and, if so, the accuracy of such information. Notarized requests may be sent to: DOT/NHTSA/NTS-24, 400 7th Street, S.W., Washington, DC 20590-0001, and must contain your complete name and date of birth. Other information about height, weight, and eye color will ensure correct positive identification.

**Agency Display of Estimated Burden**

The public reporting burden for this collection of information is estimated to average 2 hours per response (Includes providing medical history information and physical examination).

If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the FAA and the OMB at the following addresses:

Federal Aviation Administration  
Aeromedical Certification Division, AAM-300  
P.O. Box 26080  
Oklahoma City, Oklahoma 73126-5063

— and —

Office of Management and Budget  
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