Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division Limited Certificate Petition

(Updated 04/24/2024)

Name:		PI#:
Address:		Date of Birth:
	ı accept a lowei	ly qualified for the class of medical certificate class and/or a certificate with one of the
	☐ Yes	□ No
If yes, indicate wh	at limitation wo	uld be acceptable:
☐ Second cla	ıss privileges lin	nited to Aerial Application (crop dusting, etc.)
☐ Second cla	ss privileges lin	nited to Flight Engineer duties.
\square Valid for ba	alloon operation	s only.
Not vali	second-class/F d for carrying p	full third-class privileges. assengers or cargo for compensation, except it qualified 2-pilot crew.
☐ Not valid fo	or pilot in comma	and except if serving as pilot of fully qualified 2
pilot crew.		
Signature:		Date:

NOTE: Pilots operating under 14 CFR Part 121 operations are not eligible to accept a lower class with the above limitations. This page is provided in the AME guide for your convenience. It is NOT required unless listed as an evaluation data item in a disposition table of the AME guide, or requested by the FAA.