COLOR VISION LIMITATION REVIEW
(Updated 12/12/2024)

Name: _____PI#: _____

Address: _____ Date of Birth: _____

INSTRUCTIONS TO THE AME

Submit this only if the individual is unable to pass ANY of the acceptable computer-based color vision tests and wants an upgrade to 1st or 2nd class or is requesting a color vision limitation be removed.

Note: if the individual passes ANY of the acceptable computer tests: No limitation, no LOE, no SODA is needed for any class for color vision. Issue the class of certificate applied for (if otherwise qualified).

For EXPEDITED review, upload into AMCS:
- This document as "Eye-Color Vision Limitation Review."
- Results of the Color Vision Test(s) as "Eye - Color Vision Test Results."

INSTRUCTIONS TO THE PILOT

(Check all that apply)

☐ I was unable to pass ANY of the acceptable computer-based color vision tests (you can take any of the acceptable tests, any number of times).

☐ I was given a 3rd class with limitation and want to be evaluated for an upgrade to 1st or 2nd class.

☐ I was given 3rd class because the AME did not have a test. I have a test now and want to upgrade to 1st or 2nd class.

☐ I have a SODA/LOE for 3rd class and want to be evaluated for an upgrade to 1st or 2nd class.

☐ I have a medical certificate with limitation [#16] "Not valid for flights requiring color signal control during daylight hours."

☐ I have a previous medical certificate with limitation [#17] "Not valid for night flying or by color signal control."

Pilot Signature: _____ Date:_____

NOTE: Requests are reviewed on a case-by-case basis. Additional information may be required.