



U.S. Department of Transportation
Federal Aviation Administration

Form AC 8060-56, Application for Replacement of Lost, Destroyed, or Paper Airman Certificate(s)

Supplemental Information

Privacy Act Statement (5 U.S.C. § 552(a)(e)(3)):

Authority: The authorities for collecting information by the form AC 8060-56 – Application for Replacement of Lost, Destroyed, or Paper Airman Certificate(s), is 49 U.S.C. §§ 40113, 44702, 44703, 44709, 44710, 44711(a)(2) and 14 CFR Parts 61, 63, 65 and/or 67.

Purpose: The form AC 8060-56 collects the applicant's name, social security number (optional), date of birth, place of birth, and address; the type of certificates and ratings held, limitations, date of issuance and certificate number, status of airman's certificate; information relating to the 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 the individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials. The principal purpose for collecting the information is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

Routine Uses: The information collected by form AC 8060-56 is shared in accordance with the Privacy Act system of records notice ([SORN](#)) [DOT/FAA 847](#) - Aviation Records on Individuals (89 75 FR 48956 - June 10, 2024).

Disclosure: Submission of this data is mandatory, except for the social security number, which is optional. However, an incomplete submission may result in delay in a response and/or an inability to process the application.



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Application for Replacement of Lost, Destroyed, or Paper Airman Certificate(s)

Complete name in which certificate was issued: _____
(First) (Middle) (Last)

Date and Place of Birth: _____
(Date) (Place)

Present Mailing Address: _____
Physical Address: _____
(If applicable) _____

Email Address: _____

(If your preferred mailing address is a Post Office Box, Rural Route, General Delivery, or Star Route, you must provide a physical residential address, directions, or a map for locating your residence.)

Physical Description: Height (inches): _____ Weight (lbs): _____ Hair: _____ Eyes: _____

Sex: ☐ Male ☐ Female Citizenship: _____

Type of Certificate(s)	Certificate Number(s)	Date of Issuance
_____	_____	_____
_____	_____	_____
_____	_____	_____

I enclose ☐ check ☐ money order in the amount of \$ _____

(Date) (Signature)

The fee for each replacement Airman Certificate is \$2. Check or money order for total fees (payable to the United States Treasury) must accompany request. Foreign checks, currency, or foreign postal money orders are not acceptable.

Please mail this request to: Federal Aviation Administration
Airmen Certification Branch
P.O. Box 25082
Oklahoma City, OK 73125-0082

For a replacement of your Medical Certificate, contact:

Federal Aviation Administration
Aerospace Medical Certification Division, AAM-331
ATTN: Duplicate Desk
P.O. Box 25082
Oklahoma City, OK 73125-0082
405-954-4821