



Form AC 8060-71, Verification of Authenticity of Foreign License and Medical Certification

Supplemental Information and Instructions

Paperwork Reduction Act Statement:

OMB Control Number: 2120-0724
Expiration Date: 01/31/2028

The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 10 minutes to complete this form. The information collected is required to obtain a benefit and becomes part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0724. Send comments regarding this burden estimate or any other aspect of this collection for information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

Privacy Act Statement

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

Authority: The authorities for collecting information by the form AC 8060-71 – Verification of Authenticity of Foreign License and Medical Certification, is 49 U.S.C. §§ 40113, 44702, 44703, 44709, and 14 CFR Parts 61 and 63.

Purpose: The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

Routine Uses: The information collected will be included in the system of records notice [DOT/FAA 856 Airmen Medical](#) and will be subject to the published routine uses including:

1. To the National Transportation Safety Board (NTSB), entire records related to the medical suitability of specific airmen for purposes of aircraft investigation responsibilities and regulatory enforcement activities as it relates to medical certification.
2. To the general public, upon request, records such as information relating to an individual's physical status or condition used to determine statistically the validity of FAA medical standards; and information relating to an individual's eligibility for medical certification, requests for exemptions from medical requirements, and requests for review of certificate denials.
3. To other federal agencies, personally identifiable information about airmen for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
4. To Aviation Medical Examiners (AMEs), past airmen medical certification history data on a routine basis so that AMEs may render the best medical certification decision.
5. To Federal, State, local and Tribal law enforcement agencies, information about airmen when engaged in an official investigation in which an airman is involved.
6. To third parties, including employers and prospective employers of such individuals, records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program. Such records will also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
7. To Federal, State, local, and Tribal law enforcement, national security or homeland security agencies, information about airmen whenever such agencies are engaged in the performance of threat assessments affecting the safety of transportation or national security.

Disclosure: Submission of the data is mandatory; however, failure to provide all required information will result in our being unable to issue you a certificate and/or rating.



Verification of Authenticity of Foreign License and Medical Certification

Instructions for Completing Form AC 8060-71

Section I. Basic Airman Information

Block 1. Name: Last, First, Middle. Enter all names that appear on your foreign pilot license.

Block 2. Date of Birth: The date of birth should be shown in Month, Day, and Year format.

Block 3. Place of Birth: Enter the name of the country and city where you were born. If you were born inside of the United States, please provide the city and state.

Block 4. Country of Citizenship: Enter the country where you are a citizen. This is also referred to as your Nationality.

Block 5. Select your preferred method for correspondence and receipt of the completed verification letter. Check either Email or Mail. **Block 5a.** Provide your email address. The email address entered will be used for questions regarding your application.

Block 5b and c. Provide your mailing address in Section 5b and 5c. Please do not enter Airmen Certification or your CAA office.

Section II. License and Medical Information

Block 6. Foreign License Country: Enter the name of the International Civil Aviation Organization (ICAO) country that issued your license.

Block 7. Foreign License Number(s): Enter the license number(s) as shown on your license. If you require verification of more than one license number, the additional number provided must be from the same country.

Block 8. Foreign License Level: Select the level of foreign pilot license. Check the box for Private, Commercial, Airline Transport Pilot, or Other. If "Other" is selected, please enter the level of the foreign license. Mechanic, instructor and sport licenses cannot be used for conversion.

Block 9. Foreign License Ratings: Please enter the ratings shown on your foreign license. The ratings shown in this section must contain at least one rating showing the ability to operate as Pilot in Command.

Block 10. Is the foreign license under an order of revocation or suspension? Check "Yes" or "No".

Block 11. Do you have a current medical certificate? Check "Yes" or "No". If "Yes" is selected, complete 11a and 11b.

Block 11a. Country of Medical Certificate: Select either "United States" or "Other". If "Other" is selected, the country provided in this section must be the same country that issued the foreign license.

Block 11b. Expiration Date: Enter the expiration date of the medical certificate.

Block 12. What type of FAA Certificate or Authorization will be requested? Select the box appropriate to the FAA Certificate or Authorization sought. If "Other" is selected, please enter the certificate or authorization desired.

Section III. Additional Requirements

Block 13. FSDO Selection: Provide the location of the FAA Flight Standards District Office (FSDO) you will work with to complete the process. If you are meeting with an authorized representative outside of the FSDO, please provide the FSDO office that has oversight for that authorized representative. Please DO NOT provide the name of a flight school, employer or the Airmen Certification Branch.

NOTE: A full list of FSDO offices may be found at: <https://faa.gov/go/fsdo/>.

Block 14. Applicant's Certification: Read the Applicant's Certification and sign your full name. If your name contains symbols or characters, please use the English version of your name.

Enter the date you sign the Verification of Authenticity of Foreign License and Medical Certification form using month, day, and year format.

Attachments: Please include a legible copy of your foreign pilot license and medical certificate. Include a copy of an English transcription, if applicable.

Additional Information

- The omission of any part of this application may result in a delay of the processing of your request.
- If we are missing any information on this form or need additional information regarding your attachments, we will contact you at the email address provided in Block 5a.
- Unanswered requests for missing information will be closed after 20 business days.
- Reapplications must be done on a new application form showing a current signature date.

Tear off this cover sheet before submitting this form.



U.S. Department of Transportation
Federal Aviation Administration

OMB Control Number: 2120-0724
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Verification of Authenticity of Foreign License and Medical Certification

Section I. Basic Airman Information

1. Name (as it appears on your foreign license)			
Last	First	Middle	
2. Date of Birth	Month	Day	Year
3. Country & City of Birth		City and State (US Only)	
4. Country of Citizenship			
5. Please send my verification letter to me by (select one):			
Email		Mail	
5a. Email address			
5b. Mailing Address			
5c. City, State, Postal Code, Country			

Section II. License and Medical Information

6. Foreign License Country		7. Foreign License Number(s)	
8. Foreign License Level	Private	Commercial	Airline Transport Pilot
		Other _____	
9. Foreign License Ratings (Pilots must have at least one rating with the ability to operate as Pilot in Command.)			
10. Is the foreign license under an order of revocation or suspension?			
		Yes	No
11. Do you have a current medical certificate?			
		Yes (complete 11a and 11b)	No (continue to item 12)
11a. Country of Medical Certificate		United States	Other _____
		11b. Expiration Date	
12. What type of FAA Certificate or Authorization will be requested?			
Commercial Pilot (§61.123(h))		Airline Transport Pilot (§61.153(d)(3))	Private Pilot (§61.75)
Special Purpose Flight Engineer / Flight Navigator (§63.23 or §63.42)		Other _____	Special Purpose Pilot Authorization (§61.77)

Section III. Additional Requirements

13. You will be required to have a face to face meeting with an FAA representative in order to apply for an FAA Certificate. Which FAA Flight Standards District Office (FSDO) will you be working with to obtain a temporary airman certificate or authorization?	
14. Applicant's Certification – I certify that all statements and answers provided by me on this application are complete and true to the best of my knowledge and that they are to be considered as part of the basis for issuance of an FAA certificate. I authorize the issuing CAA to provide all pertinent information to the FAA. I understand the issuance of a valid verification letter does not guarantee the issuance of an FAA certificate or authorization. I have read and understand the Privacy Act statement that accompanies this form.	
Signature of Applicant _____	Date (MM/DD/YYYY) _____

Please attach a copy of the foreign license and medical certificate. Please also include an English transcription of the license (if applicable).

Please mail completed form to:

Department of Transportation
Federal Aviation Administration
Airmen Certification Branch
P.O. Box 25082
Oklahoma City, OK 73125-0082