U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
AIRMEN CERTIFICATION BRANCH, AFS-760

FOIA REQUEST FOR COPIES TO 3RD PARTY

Please check the appropriate box for the records you would like to obtain:

☐ **FOIA REQUEST FOR COPIES OF NOTICE OF DISAPPROVAL APPLICATIONS ONLY**

☐ **FOIA REQUEST FOR COPIES OF COMPLETE AIRMAN FILE, INCLUDING DISAPPROVED APPLICATIONS**

☐ **CERTIFIED** ☐ **NON-CERTIFIED**

PRIVACY ACT: This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) is optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airmen qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airmen Information System.

PLEASE BILL AND MAIL COPIES TO:

_____
(Company Name)

_____
(Address)

_____ _____ _____
(City) (State) (Zip Code)

_____ _____ _____
(Requestor's Phone Number) (Requestor's Name - Printed) (Requestor's Signature)

FEES FOR COPIES OF RECORDS: There will be a fee for the records you have requested and you will be charged in accordance with the prescribed guidelines under the Freedom of Information Act, 5 USC 552. There will be additional fees when requesting certified copies. Upon receipt of the requested records, you will be notified of the total charges and the options for payment.

Mail this request to:
Federal Aviation Administration
Civil Aviation Registry, AFS-700
PO Box 25082
Oklahoma City, OK 73125-0082
OR FAX to: 405-954-5759

_____
(Airman's Full Name)

_____ _____
(Airman's Date of Birth) (Month/Day/Year) (Airman's Certificate No. and Class of Certificate)

AIRMAN'S SIGNED RELEASE

I authorize the Federal Aviation Administration, Airmen Certification Branch, to release copies of my airmen records to the person or company listed above.

_____ _____
Signature (Typed or Printed signature is not acceptable) **Date**