

## Coversheet for 8500-8 Additional Information

Mail to:

Federal Aviation Administration  
Aerospace Medical Certification Division, AAM-300  
CAMI, Building 13  
P.O. Box 25082  
Oklahoma City, OK 73125-9867

or Fax to:

405-954-4300\*

\*Faxes must be 20 pages or less and contain no ECG tracings or images

Today's Date:	
Airman Name:	
PI:	
MID:	
Applicant ID:	
(circle action taken)	ISSUED / DEFERRED / DENIED
Exam Date:	
AME Name:	
AME#:	