



Verification of Authenticity of Foreign License and Medical Certification Supplemental Information and Instructions

Paperwork Reduction Act Statement:

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. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709, and 14 C.F.R. Parts 61 and 63. 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. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

- (a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:
 - The type of certificates and ratings held, limitations, date of issuance and certificate number;
 - The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
 - The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
 - Information relating to an 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 an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- (b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- (d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- (e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.
- (f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- (g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- (h) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- (i) Making 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, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- (j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.
- (k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- (l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- (m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.
- (n) Other possible routine published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78). For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

Instructions for Completing the Form for Verification of Authenticity of Foreign License and Medical Certification

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.

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.

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, please enter the name of the country in the space provided.

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.

Additional Requirements

Block 13. FSDO Selection: Provide the location of the FAA Flight Standards District Office (FSDO) you will be working with to complete the application process. Please DO NOT provide the name of a flight school, employer or the Airmen Certification Branch.

A full list of FSDO offices may be found at: http://www.faa.gov/about/office_org/field_offices/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 copies of English transcription of license, if applicable.

Additional Information

The omission of any part of this application may result in a delay of your request being sent to your Civil Aviation Authority for verification.

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.



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	
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?		Private Pilot (§61.75)	
Commercial Pilot (§61.123(h))		Airline Transport Pilot (§61.153(d)(3))	
		Special Purpose Pilot Authorization (§61.77)	
Special Purpose Flight Engineer / Flight Navigator (§63.23 or §63.42)		Other _____	

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, PO Box 25504, Oklahoma City, OK 73125-0082 or email the signed application package to fv3@faa.gov