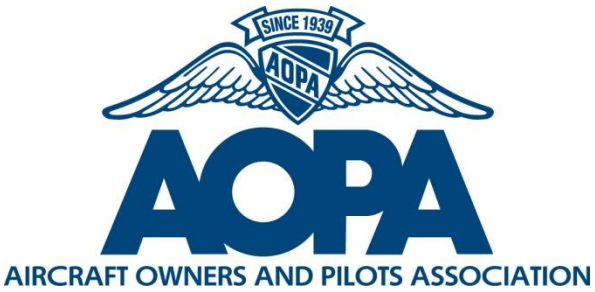
TO: U.S. Department of Transportation
Docket Management System
400 7th Street, S.W., Room PL 401
Washington, D.C. 20591-0001

PETITION FOR EXEMPTION FROM FEDERAL AVIATION REGULATION SECTIONS 61.3 and 61.23 TO ALLOW AOPA AND EAA MEMBERS TO CONDUCT CERTAIN OPERATIONS OF AIRCRAFT WITHOUT HAVING TO HOLD AN FAA-ISSUED MEDICAL CERTIFICATE



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PETITION FOR EXEMPTION

The Aircraft Owners and Pilots Association (AOPA) and the Experimental Aircraft Association (EAA) seek an exemption from Sections 61.3(c) and 61.23(a) of 14 C.F.R. to allow its members flying recreationally - according to certain operational limitations and restrictions - to fly without having to hold an FAA-issued medical certificate of any class. The terms of the exemption would provide an equivalent level of safety to that currently provided by existing regulation - similar to a segment of the pilot population who has already demonstrated the ability to safely operate aircraft without holding an FAA issued medical certificate. Moreover, the terms requested may result in a higher level of safety by imposing an ongoing aeromedical educational component - which does not presently exist - to help a pilot better assess his or her medical qualifications to safely operate certain lower performance aircraft in specified environments and conditions.

On behalf of their members, for which they have standing to submit this request, AOPA and EAA seeks relief for their members specifically from the following regulatory requirements:

14 C.F.R. §61.3(c), Requirement for certificates, ratings, and authorizations.

> (c) *Medical certificate*. (1) A person may serve as a required pilot flight crewmember of an aircraft only if that person holds the appropriate medical certificate issued under Part 67 of this chapter, or other documentation acceptable to the FAA, that is in that person's physical possession or readily accessible in the aircraft. …

and

14 C.F.R. §61.23, Medical certificates: Requirement and duration.

> (a) *Operations requiring a medical certificate*. Except as provided in paragraphs (b) and (c) of this section, a person:
>
> …
>
> (3) Must hold at least a third-class medical certificate …

Currently, pilots who operate aircraft in the environments specified in this petition would be required by these regulations to hold at least a third-class medical certificate and to reapply for that certificate every two years if more than 40 years of age or every five years if under 40 years of age. In seeking this relief, AOPA and EAA members, operating in accordance with this request for exemption, would be able to act as pilot in command of an aircraft without the necessity of applying for an FAA medical certificate, but only after having completed an aeromedical education course within the previous 24 calendar months and only after being able to consciously assess prior to each flight that he or she does not have a medical condition that

would make him or her unable to operate an aircraft in a safe manner.[1] A course completion certificate would have to be carried in the pilot's personal possession or readily accessible in the aircraft during each flight conducted under this exemption. Further, members would be restricted in their operations to single-engine fixed-gear aircraft with no more than four seats and 180 horsepower that are not being operated for compensation or hire or in furtherance of a business, and those operations may only be made during the day, in visual meteorological conditions, below 10,000 feet msl (or 2,000 feet agl, whichever is higher), with no more than one passenger.

The educational program required in this request will be offered at no charge on the AOPA Foundation's Air Safety Institute's website. The program will follow the basic design and functionality of existing online courses, incorporating interactivity to keep users engaged, broken up into modules or chapters with train-to-proficiency quizzes in the program. This education and outreach effort has unique value because it will educate the pilot community when such education is currently lacking, and also provide data to validate the effectiveness of the exemption. The education program also supports the FAA's "Transforming General Aviation Five-Year Strategy," which calls for a strategic approach to mitigating risk in general aviation.

The timing of this petition meets the FAA's objective (that consideration of the exercise of any pilot privileges - without the need for a medical certificate) can be made after experience with the Sport Pilot could be reviewed.[2] It has been seven years since the Sport Pilot rule went into effect, and the data gathered from that segment of the flying population strongly supports the terms of this requested exemption.

AOPA and EAA are petitioning for the terms, restrictions, and limitations in Appendix A of this document and are summarized below:

[1] AOPA and EAA may only legally represent the interest of their members, however we would not be opposed if the FAA were to grant a similar exemption to other petitioners who are not members of either organization.

[2] See appendix C for full request history and summaries of FAA responses.

PILOT-IN-COMAND	AIRCRAFT	OPERATION
- Holds valid pilot certificate or is training/applying for a pilot certificate - Meets currency and/or endorsement requirements - Has satisfied the aeromedical course requirements within the preceding 24 calendar months - Holds a valid state driver's license - Pays at least pro rata share of aircraft expenses - Carries pilot/student certificate, driver's license, and aeromedical course certification - Self-assesses medical ability to safely operate aircraft	- Single-engine - Fixed gear - No more than four seats - No more than 180 horsepower	- Day - Under VFR and in VMC, but in no case with less than three statute miles visibility - No more than one passenger - Below 10,000 feet MSL (or 2,000 feet AGL, whichever is higher) - With visual reference to the surface at all times - Not for compensation or hire - Not in furtherance of a business - Not on a demonstration flight - No towing any object - Within the United States, unless authorized in the country where the flight is conducted

AOPA and EAA maintain that granting this petition - according to the limitations and restrictions requested - would not adversely affect safety and would provide for at least an equivalent level of safety as that provided by the rules from which exemption is sought. In particular, operating in accordance with this request for exemption would allow pilots to continue operating aircraft that they are familiar and experienced with and would allow for greater assurance that pilots are currently aware of their personal medical information. The granting of this petition for exemption is in the public's interest. It will foster the health of the aviation industry through preventing unnecessary medical barriers to learning to fly or to continuing to fly.

INTEREST OF THE PETITIONERS

This petition for exemption is being made on behalf of the members of AOPA and EAA. AOPA represents almost 400,000 members and EAA represents approximately 176,000 members. Together, these two associations represent the interests of approximately 70 percent

of the pilots holding active FAA-issued airman certificates[3]. AOPA and EAA members represent the segment of aviation that is known as general aviation, accounting for nearly 25,000,000 hours flown annually in the United States.[4] AOPA and EAA are dedicated to preserving an individual's freedom to fly, supporting a safe and efficient aviation industry, and promoting general aviation.

General aviation is an integral and vital part of the global transportation system, providing services and fulfilling needs that are essential to the nation's economy and a community's needs. The impact of general aviation is direct and indirect, and it serves to affect the nation and the local communities economically and socially. In particular, general aviation contributes more than $150 billion to the U.S. economy annually and employs more than 1.2 million people.

Maintaining a vital general aviation sector in the United States is of critical importance to the public, providing economic benefits and access to small communities throughout the country in times of need. There are 5,261 public-use airports that can be directly accessed by general aviation. That is more than 10 times the number of airports served by scheduled airlines. These public use airports are the only available option for fast, reliable, flexible air transportation to small and rural communities in every corner of the country, providing jobs, serving as a lifeline for small to mid-size businesses, and providing critical services to remote cities and towns in time of natural disaster or crisis.

The United States has relied on civil aviation to assist in times of national need since World War II. In times of war or national disaster, general aviation is called upon to offer support where ground transportation is unavailable or untimely. General aviation pilots, aircraft, and facilities are often included in individual state disaster preparedness planning. The Civil Air Patrol (CAP) and other organizations such as the Air Care Alliance, EVAC (emergency volunteer air corps), and Corporate Aircraft Responding in Emergencies (CARE), offer lifesaving services through search-and-rescue missions or transporting individuals for medical treatments. These organizations also offer support often coordinated through FEMA during national or local disasters.

Besides offering critical support in times of need, general aviation provides a multitude of services to the public including agricultural services and spraying to control mosquitos or other pests that pose a health threat, law enforcement, medical transportation, border control, and search-and-rescue missions. Operations in all segments of general aviation are impacted when general aviation activity declines in any one area. Simple supply-and-demand economics dictate

[3] 2010 FAA Airmen Statistics indicate that there are 627,588 active airmen in the U.S.

[4] FAA General Aviation and Part 135 Activity Surveys - CY 2010

that if operations decrease in any segment, overall costs increase and the ability to maintain local airfields is compromised. Conversely, if we can maintain or grow the interest and use of general aviation, we maintain the economic advantages and public services offered on a national and local level.

As an example of the impact that general aviation contributes on an individual state level, California has 257 public-use airports, 219 of which are general aviation airports. These airports are home to 64,529 pilots and 37,128 general aviation aircraft. General aviation accounts for 80 percent of aircraft operations statewide. California leads the nation in terms of the economic impact of general aviation, generating $18.2 billion and equaling $529 per capita.

In the state of New York, there are 148 airports that support 17,449 pilots and 8,973 general aviation aircraft. The economic impact of general aviation in New York is $9.27 billion or $508 per capita. According to statistics provided by the state of New York's government, total associated and imputed impact is $35.4 billion.[5]

Maintaining the overall strength and activity of general aviation is in the public's best interest.

Aircraft Owners and Pilots Association

AOPA is a nationwide, nonprofit membership organization dedicated to issues involving general aviation. AOPA was formed in 1939 and now represents the interests of almost 400,000 aircraft owners and pilots from every state. AOPA's membership, history, mission, and activities, are described in detail at www.aopa.org.

Experimental Aircraft Association

EAA is an international non-profit membership association dedicated to preserving and promoting personal and recreational aviation of all kinds. EAA was founded in 1953 and now represents 176,000 pilots and aviation enthusiasts. EAA's membership, history, and activities, including its annual convention EAA AirVenture Oshkosh, are described in detail at www.eaa.org and www.airventure.org.

[5] Alliance for Aviation Across America

SUPPORT FOR THE PETITION

This petition for exemption provides for a greater level of safety.

Granting this petition would provide an equivalent level of safety and, in practice, stands to provide a greater level of safety. This petition for exemption requires initial and recurrent education on aeromedical factors exceeding those presently mandated by the FAA and requires an operating limitation linked to state-issued driver's license standards and a self-assessment standard. It also helps to mitigate the increased risk that may occur naturally when pilots transition into unfamiliar and sometimes distinctly different aircraft in order to avoid the sometimes cumbersome and overly conservative FAA medical testing requirements.[6] This petition gives those pilots an alternative that may allow them to continue to fly and to do so in aircraft in which they have familiarity and experience.

Education and conscious medical self-assessment

This petition requires completion of a biennial educational course on medical factors specific to aviation in addition to the day-to-day lives of all individuals. The course would be offered for free to all online. Currently, any education regarding medical factors required by the FAA is limited to physiological factors, and the training is largely only required in the primary training environment; i.e., when a pilot first learns to fly. This request includes a currency requirement for aeromedical education that extends beyond flight physiology and includes medical concerns commensurate with the issues that may be reviewed in the medical application process.

AOPA and EAA bring unique resources to bear in developing and administering of such a course through their ability to work with the AOPA Foundation's Air Safety Institute. Also a breadth of aeromedical professionals will advise in the development of an online education program that would expand and reinforce a pilot's understanding of aeromedical factors, including the warning signs of serious medical conditions; the effects of prescription and over-the-counter medications; dietary/herbal supplements and associated possible side effects and the FAA's medical standards as currently applied.

The Air Safety Institute provides a well-respected organizational basis and culture to effectively educate pilots on the medical subjects affecting their decisions to fly. For more than 60 years, the AOPA Foundation's Air Safety Institute (formerly the AOPA Air Safety

[6] For the most part, the experience of AOPA and EAA is that the vast majority of pilots who apply for medical certificates are eventually granted one, i.e., found by the FAA to be able to safely pilot an aircraft from a medical viewpoint. But often this certification occurs only after tremendous cost of time and resources that are unnecessary for the recreational operations contemplated by the pilot.

Foundation) has developed programs in pilot safety and training, and these courses are readily available on the Internet and in person throughout the United States, free of charge and to any person wishing to access them. The Air Safety Institute is the nation's largest non-profit organization dedicated exclusively to providing aviation education and safety programs for general aviation. In 2010, the Air Safety Institute reached the pilot community more than 1.9 million times with its safety education programs. For more information on the Air Safety Institute's mission, safety information database, online training materials and courses, and nationwide seminars, please visit www.aopa.org/asf/.

In addition, there is valuable and significant experience that can be drawn from EAA's education and mentoring programs designed to enhance safety, such as the Flight Advisor and technical counselor programs for amateur-built safety and the traveling Sport Air Workshops that bring hands-on experience to builders and prospective builders of amateur built aircraft. EAA also delivers significant safety information to the pilot community through its network of 900 chapters.

Furthermore, AOPA and EAA may draw on the resources and knowledge of AOPA's Board of Aviation Medical Advisors (BAMA), AOPA's Aviation Technical and Medical Certification specialists, EAA's Aeromedical Advisory Council, and EAA's Information Services Department. The associations receive ongoing medical counsel and expert advice on aeromedical factors from AOPA's BAMA and EAA's Aeromedical Advisory Council, regarding important general aviation medical certification issues and they assist the associations in advocating for sound regulatory medical certification policy. These medical boards are made up of physicians representing multiple medical disciplines and include several FAA-designated aviation medical examiners (AME) and members of both the Aerospace Medical Association and the Civil Aviation Medical Association. These boards offer advice and counsel to the associations' medical certification staff on individual member cases, provide medical consultation and advisory services to members, and represent the organizations at their respective annual conventions. The AOPA Aviation Summit and EAA AirVenture Oshkosh are venues that provide a rich environment for exchange of ideas regarding medical certification policy, special issuance, certification processing, and many other medical issues important to pilots.

AOPA and EAA have a staff of medical certification specialists who have more than 45 years of combined experience in assisting pilots and who work closely with the FAA to provide accurate and up-to-date information regarding FAA medical certification policies and procedures. The AOPA website is regarded as one of the most comprehensive sources for information about the medical certification process. The website includes detailed guidelines for many specific medical conditions, a database of medications that are allowed for use by pilots, and an interactive medical application planning tool to assist pilots in accurately completing an

application for airman medical certification. EAA information services personnel answer questions, develop and provide information kits, and guide members to an AME with the most appropriate expertise for a given case.

The aeromedical education program that will be developed is intended to greatly enhance a pilot's understanding of medical considerations related to aviation safety and make pilots better prepared to evaluate their medical fitness for flight. Moreover, the course material would not be stagnant; rather, while always covering the core aeromedical issues, the program can be designed to include developing medical concerns in the aviation community and other current medical matters relevant to a pilot's need to determine his or her ability to safely operate an aircraft. The course would also review the pilot's legal responsibilities while operating in accordance with this exemption. The resulting improved knowledge and understanding of aeromedical factors and decision making tools provided through the course would give pilots the resources to best evaluate their fitness to fly. This would provide an equivalent or greater level of safety than the FAA's current practice (periodic medical examinations and no ongoing aeromedical education).[7]

In making a conscious preflight decision about medical fitness to operate an aircraft in accordance with this exemption, the pilot is expected to be able to represent in good faith prior to each flight that, after having been educated on medical issues that pertain to flight within the preceding 24 months, that the airman does not know and does not have a reason to know of any medical condition that would make that airman unable to operate an aircraft in a safe manner. Meaningful self-assessment, beyond that which is presently required in the regulations, is a key component in this petition for exemption. Pilots participating in this exemption are required to consciously conduct a self-evaluation and make a decision about their health prior to any flight.

Reasonable operating limitations and restrictions

Operational limitations and restrictions for pilots utilizing this requested exemption expand upon the proven and successful medical safety standards of the Sport Pilot certificate, which currently utilizes the driver's license medical standard in lieu of an FAA medical certificate. The AOPA/EAA-requested exemption would include limitations on the type of aircraft allowed to be flown under this exemption (single engine, 180 horsepower, fixed gear…) as well as the permitted operations (day, VMC, one passenger…).

[7] Nothing in this petition for exemption is intended to interfere with or replace a pilot's responsibility to comply with FAR 61.53 that prohibits acting as a required flight crewmember, when a medical certificate is not required, with a medical condition that the person knows or has reason to know would make that person unable to operate the aircraft in a safe manner.

Familiarity in aircraft and operations

Incentivizing pilots to continue to operate aircraft they are familiar with reduces the safety implications inherent in transitioning from one type or category of aircraft to another. Under this requested exemption, more pilots would be able to continue to fly in aircraft with which they are most familiar. Currently, regulations prohibit these aircraft from being flown by a pilot who does not wish to obtain a valid medical certificate. Therefore, those pilots with qualifying aircraft under this requested exemption would have the choice to continue flying their aircraft instead of transitioning to a new, unfamiliar aircraft and the risks associated with doing so. The vast majority of aircraft that fall within the limitations of this exemption are aircraft in which most pilots were originally trained and certificated in, thus capitalizing on the law of primacy and minimizing risk. Furthermore, requiring pilots to fly in favorable weather conditions, during the day, and under other propitious circumstances contribute to the assurance of safe flight.

Equivalent level of safety is demonstrated in history

This petition for exemption is backed by sound statistical data that demonstrates an equivalent level of safety regarding aeromedical factors between those operations that currently require a medical certificate and those operations that do not currently require a medical certificate. There is an extremely low incidence of medically related accidents across both factions, supporting the conclusion that a medical certificate may not always ensure a lower incidence of medically related aviation accidents.

An FAA Aviation Rulemaking Advisory Committee (ARAC) reviewed accident summary data from 1986 through 1992 to determine the prevalence of medical causal factors in aviation accidents.[8] The findings of the ARAC concluded that the percentage of aviation accidents involving medical causal factors is actually lower for those activities that do not require medical certificates than for those activities that do. During the seven-year timeframe studied, the ARAC found 761 accidents in lighter-than-air aircraft and gliders – operations that do not require airman medical certification. Only one of the 761 accidents (0.13 percent) showed a medical cause. For general aviation operations requiring airman medical certification, there were 46,976 total accidents. Slightly more than 0.2 percent (99 total accidents) showed a medical cause. It is important to note that none of these accidents were prevented by the existence of third-class medical screening standards and the medical certification process.

In 2005, the AOPA Air Safety Foundation (now the Air Safety Institute) examined 16,030 general aviation accidents in fixed-wing aircraft under 12,500 pounds that occurred from

[8] Certification of Aircraft and Airmen for the Operation of Light-Sport Aircraft, Notice of Proposed Rulemaking, 67 Fed. Reg. 5367, 5375 (Feb. 5, 2002).

1995 to 2004. The review showed that only 24 accidents (0.15 percent) were attributable to medical incapacitation of a pilot who was properly certificated and operating the airplane in accordance with the regulations. Of these medical incapacitation accidents, only six (less than 0.04 percent) were caused by a properly certificated pilot while operating an airplane in a manner that meets the aircraft and operational limits set forth in this petition. These pilots held FAA-issued medical certificates, yet none of these six accidents were prevented by the third-class medical screening standards. The risk to aviation safety by removing the third-class medical requirement for this segment of the recreational aviation community would be negligible, and indeed, AOPA and EAA maintain that safety would be improved by enhancing the knowledge and awareness of the pilot community regarding aeromedical factors.

Since the Sport Pilot rule became effective in 2004, there is no evidence that the driver's license medical standard has contributed to an increase in the accident rate because of aeromedical factors - quite the contrary. The AOPA Foundation's Air Safety Institute recently conducted a study of Light-Sport aircraft (LSA) accidents that showed that no Light-Sport aircraft accidents had occurred as a result of pilot incapacitation because of medical deficiencies at the time of the study. There have been a total of 134 accidents in S-LSAs between 2006 and 2010, 16 of which were fatal. The vast majority of the pilots involved in these accidents (78 percent) held a private or higher certificate and 50 percent of all the LSA accidents were classified by the NTSB as instructional or transition flights. These statistics lend credence to the theory that pilots transitioning from traditional general aviation aircraft to LSAs are experiencing more accidents because of lack of familiarity with the newer aircraft. Giving pilots an option to continue flying aircraft with which they are most familiar without having to deal with the unnecessary hassle and cost associated with the third-class medical certificate application process, may reduce the accidents associated with transitioning to an unfamiliar aircraft.

The safety statistics of glider, balloon, and Sport Pilot operations offer empirical evidence that serves as an informal clinical trial for medical self-assessment. Similarly, the data gathered from operations conducted under this exemption, if granted, would provide valuable information and data relevant to the safety experience of this exemption and future considerations by the FAA regarding medical certification requirements.

The FAA captures the number of "active airmen" based on the FAA medical application process, but "inactive airmen" data is lost including those pilots not required to hold a medical certificate. Therefore, statistics related to the number of pilots actively operating under the Sport Pilot, balloon, or glider categories are not entirely accurate. In 2010, FAA U.S. Civil Airmen Statistics indicated that there were 3,682 active Sport Pilots and 21,275 glider-only pilots; however, the numbers of "active airmen" may only be ascertained for those who also had a valid medical certificate on file with the FAA. The education program required by this exemption could be used to capture statistics about active airmen using the exemption that would otherwise

be unavailable to the FAA because of the absence of a medical certificate. Further, this data could be used to validate the effectiveness of this exemption and potentially justify permanent regulatory expansion of medical self-assessment.

The FAA often relies on historical experience and statistical support to justify any change in or exemption from existing regulations to ensure that an equivalent level of safety is maintained. It is for that reason that the FAA often enacts incremental and informed modifications rather than a sweeping overhaul to existing rules. Relevant, qualified experience and data support the FAA's approach to exempting (and eventually changing) the regulatory requirements as requested in this petition.

Examples of measured changes include the FAA's 2010 policy revision to allow special issuance medical certification for pilots using selective serotonin reuptake inhibitor (SSRI) antidepressant medications.[9] The decision was made after the FAA conducted a multi-year evaluation and lengthy debate among civil aviation medical certification specialists and the FAA. In its policy statement, the FAA stated, "The FAA, however, has long considered the use of a psychotropic medication for treatment of depression as a basis to deny a special-issuance medical certificate. … Upon careful review and reconsideration, the FAA is modifying its long-standing, special-issuance practice." Part of the rationale for its change in policy was a May 2004 report[10] where it was determined that pilots would rather risk not taking prescribed antidepressant medication than be grounded. The FAA determined that "[s]cenarios involving individuals who might risk flying while taking an antidepressant without medical oversight, or flying without taking an antidepressant when they need to be, are unacceptable."[11] In this action to allow use of SSRI medications, the FAA acknowledged the potential safety enhancement of encouraging pilots who need medical treatment to seek such treatment without fear that they will be grounded.

There are also examples of FAA exceptions to regulations that have subsequently become law; i.e., where the FAA has promulgated a rule change to codify an existing, proven exemption. Examples include the exemption from drug testing for charitable sightseeing flights and the exemption allowing a flight instructor to provide instruction in an airplane that is equipped with a single, functioning throw-over control wheel in place of fixed, dual controls.[12]

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[9] See Special Issuance of Airman Medical Certificates to Applicants Being Treated with Certain Antidepressant Medications, 75 Fed. Reg. 17047 (Apr. 5, 2010).

[10] Journal of Aviation, Space, and Environmental Medicine (Vol. 75, No. 5) entitled "Aeromedical Regulation of Aviators Using Selective Serotonin Reuptake Inhibitors for Depressive Disorders."

[11] 75 Fed. Reg. 17047, 17049.

[12] 14 C.F.R. § 91.146(b) and § 91.109.

AOPA and EAA have petitioned to expand a driver's license medical standard to pilots flying recreationally numerous times in the past 25 years. These petitions addressed natural advancements in medical knowledge and experience, the evolution of an aging but healthy pilot population, greater access to information, and increased awareness.[13] Our members have continued to voice their strong support for this type of request. In a 2009 AOPA member poll, 72 percent of respondents indicated they are in favor of entirely eliminating the third class medical certificate for pilots flying for recreational purposes. Similar surveys by EAA indicate that reducing barriers to airmen medical certification should be a top priority of the organization's advocacy efforts. Yet, every previous effort to expand this standard has been denied or disregarded by the FAA. However, in the FAA's most recent denials of AOPA and EAA petitions, the FAA acknowledged that these requests and the FAA's Sport Pilot proposal addressed similar issues, but said that the petitions were "premature." Importantly, the FAA also stated that it wanted to evaluate the operations of Sport Pilots using a valid driver's license in lieu of a medical certificate before extending the option to other recreational aviation privileges. Sufficient evidence now exists to grant our request for exemption from the requirement of the 3rd class medical for pilots flying recreationally. Seven years of exemplary medical safety record for Sport Pilots and pilots operating under the privileges of a Sport Pilot certificate, combined with other statistically relevant data, justifies exempting additional recreational aviation activities from the requirement for a medical certificate. This is especially true when airmen are further educated and better able to assess their medical fitness to fly than currently able today.

This petition for exemption does not adversely affect safety

Granting this petition for exemption would not adversely affect safety. Currently, several segments of the pilot population are permitted to operate aircraft without holding an FAA-issued medical certificate of any class. Historically, pilots flying gliders and balloons have not been obligated to hold medical certificates, but must determine their medical fitness prior to flight.[14] Most recently, in 2004, the FAA promulgated the Sport Pilot rule, which allows all pilots to exercise the privileges of the Sport Pilot certificate without a FAA medical certificate.[15] In the Sport Pilot rulemaking process, the FAA emphasized a pilot's responsibility to exercise prudent judgment regarding his medical fitness to fly. "The FAA cannot overemphasize the crucial responsibility placed on those exercising Sport Pilot privileges to carefully consider fitness to fly before every flight... no level of airman medical certification will ever alleviate this

[13] For a description of the relevant exemption requests, please see Appendix C.

[14] See 14 C.F.R. §§ 61.3(c)(2) and 61.53(b).

[15] See 14 C.F.R. § 61.3(c)(2)(v); Certification of Aircraft and Airmen for the Operation of Light-Sport Aircraft, Final Rule, 69 Fed. Reg. 44772, 44815 (July 27, 2004).

responsibility."[16] The FAA acknowledged that such allowances may not adversely affect aviation safety and that the experience gained from the Sport Pilot rule can serve as validation to expand the concept to other pilot privileges.[17] Seven years later, there have been no NTSB accident reports in Sport Pilot operations that list medical incapacitation as a causal factor. There has been no adverse safety experience or degradation of safety related to the absence of a medical certificate requirement, thus supporting this petition to expand these privileges to the next level of aircraft and operations.[18]

Prompt action on this petition is warranted to avoid adverse effects on aviation safety

AOPA and EAA members have voiced concerns about seeking professional medical care because of fears that they may be saddled with case histories - right or wrong - that jeopardize their medical qualifications or severely complicate their ability to satisfy the FAA inquiries into their medical status. Having this requested exemption available as an option for those pilots would encourage them to be more mindful of their health, including practicing preventative medicine or choosing to investigate signs or symptoms of a developing medical condition with their physician, whether or not the issue would, in fact, affect a review of their medical certificate qualifications. These are the real-life developments that are not always caught during an FAA medical examination. However, they may be detected and addressed during routine visits to health professionals, which are to be encouraged not discouraged, by the system that gives these pilots privileges to fly. Under this petition for exemption, pilots could have symptoms checked and gain a better understanding of how the symptoms could adversely affect safety of flight. Having such knowledge to determine fitness for flight would thereby enhance safety.

As with many aging Americans who have been less focused on maintaining a healthy lifestyle, members who face a first-time special issuance are often challenged with poor nutritional habits, no regular exercise, and are often unaware of the consequences their high-risk medical conditions may have on their overall health and often unaware that a medical condition could be lurking that could affect their safe operation of an aircraft even though they otherwise feel fine. However, pilots are wary of seeking any medical advice, even as a precaution, because of the perceived automatic negative effect it will have on their next medical application review. When a diagnosis of a serious medical condition is made, the pilot is no longer eligible for an unrestricted FAA medical certificate. AOPA's medical certification specialists receive

[16] 69 Fed. Reg. 44772, 44816.

[17] 69 Fed. Reg. 44772, 44818.

[18] www.ntsb.gov/accidentquery/index/aspx.

approximately 100 calls per week from members with various cardiac conditions requesting assistance navigating the arduous process associated with special issuance requests.

Once corrective action is taken to manage the condition, either through diet, medication, lifestyle change, more aggressive intervention, or a combination of steps, these individuals often become better motivated to maintain their health and may end up healthier than before the original diagnosis was made. Ironically, it is most often after the pilots have received diagnosis and treatment for the condition and have modified their lifestyles that they can no longer obtain an unrestricted medical certificate through their FAA-designated AME. These pilots must continuously prove their health through the FAA's discretionary special issuance process. The process usually requires additional testing, which can be expensive and time consuming and proceeds at a pace that the FAA controls.

The aeromedical education course required in this petition delves into signs and symptoms that indicate a deterioration of pilot-related skills expected with diagnosis of specific medical conditions, something that the FAA does not currently offer. The personal assessment required for deciding present medical fitness for flight is a timelier and more accurate predictor of pilot performance for a given flight than the multi-year FAA medical evaluation or special issuance authorization. Conscious and educated individual medical assessments are crucial for pilots with underlying medical conditions. The medical education course required by this exemption would give pilots the currently unavailable education they need to conduct a more accurate assessment of their fitness to fly.

The Public Interest

The public has a strong and substantial interest in maintaining, developing, and improving the aviation industry and in supporting the FAA's statutory duties of, among other things, maintaining and enhancing safety, regulating in a way that best promotes safety, developing and encouraging aeronautics, and preserving the public right of freedom of transit through the navigable airspace. This petition for exemption is in the public interest because it would establish an efficient process for pilots to continue to fly in a safe manner without having to endure the undue and unnecessary burden of a regulatory medical process.

The regulations from which exemption is sought require that each pilot must obtain a medical certificate to fly in almost all facets of aviation, including recreational or personal transportation flying. However, oftentimes, there is a practical barrier created by these regulations that prevent the general aviation pilot from continuing to fly small aircraft for recreational purposes. In most instances, that barrier to medical certification can be overcome, but the cost, time, and hassle of obtaining a third-class medical certificate is too much for the recreational pilot to invest. In these circumstances, many pilots will either decide either to stop flying or transition to unfamiliar aircraft where the regulatory medical certificate barrier doesn't

exist. This consequence conflicts with the public interest. Pilots need to remain engaged in aviation and be allowed to operate aircraft in which they are familiar and experienced.

Moreover, the current regulatory structure provides for pilots to be educated about some aeromedical factors during their initial flight training but recurrent education in these areas is not presently required. Pilots are currently motivated by their own safety to fly healthy and their understanding of the requirement to refrain from flying with a known medical condition. However, it is in the public interest to give pilots ongoing access to up-to-date, relevant, and practical information regarding healthy flying as they progress well beyond the information provided during initial flight training. And, it is in the public interest to give the pilot an objective reason to access this information and keep it a part of their flying.

The general aviation industry depends on the participation of pilots, mechanics, flight instructors, aircraft builders, and other individuals who support flight activities. Of no small import to the health of general aviation are those pilots who fly strictly for recreational or hobby purposes. These pilots contribute to the financial stability of a system of airports, manufacturers, and companies that deliver necessary economic resources to communities nationwide. It is in the public interest to keeping these pilots safely flying to support the strength and longevity of general aviation, a segment of the aviation industry that meets the needs of communities and contributes to the quality and efficiency of commercial aviation.

The public interest supports this petition for exemption. Pilots who remain aeromedically safe to operate in accordance with the conditions set forth in this petition should continue to do so without - a regulatory system that at times unfairly and - unnecessarily excludes recreational aviators because of the cost and time associated with obtaining medical certification.

This petition also meets President Barack Obama's call for eliminating unnecessary regulatory requirements and reducing federal spending. The pilots who exercise the privileges provided by this petition would benefit from improved regulation, and the public may benefit from appropriate cuts in federal spending enforcing regulations that do not add materially to the safety of the aviation system. Approving of this exemption could reduce government spending by an estimated $11,530,910 over 10 years.

In short, the public interest is served by increasing safety through education, maintaining and strengthening the economic wellbeing of general aviation, reducing government spending, potentially reducing a number of aircraft transition-related accidents, and giving the FAA necessary data to maintain the safety of individuals operating aircraft in our nation's airspace.

Estimated impact

AOPA and EAA estimate that this petition for exemption would likely affect 39,120[19] pilots annually and between 86,664 and 114,333[20] single-engine piston airplanes. This represents approximately 6.2 percent of the pilots eligible to fly in the United States[21] and 37.4 to 49.3 percent of the airworthy aircraft in the United States[22]. This petition for exemption would reduce the unduly burdensome and needless barriers for this population of pilots who may safely operate a greater number of available aircraft.

This proposal would result in substantial economic savings for pilots and the federal government. Utilizing formulas, assumptions, and figures developed for the economic analysis of the FAA modification of certain medical duration standards in 2007, we have calculated that this proposal would generate savings of $241,929,900 to pilots over 10 years and savings to the federal government of more than $11,530,910 over the same period. For full economic impact, including assumptions and calculations see Appendix D. As a consequence of pilots operating aircraft in accordance with this petition for exemption, individual pilots would be able to conserve resources and continue to positively contribute to aviation. Meanwhile, the federal government would have eased unnecessary regulation and reduced needless spending.

REQUEST FOR PUBLICATION AND PUBLIC MEETINGS

AOPA and EAA request that a summary of this petition for exemption be published in the federal register for comment and that the FAA hold public meetings on the petition for exemption so that the FAA may be fully and fairly informed regarding the appropriateness of this petition and so that a dialog concerning the petition may be shared between industry and the FAA prior to any substantive decision be made.

CONCLUSION

AOPA and EAA submit this petition for exemption request as rational and warranted by objective and relevant statistics, as well as practical considerations supporting aviation safety. It is consistent with the FAA's trend in relaxing medical certificate requirements for other similar

[19] Appendix D contains the economic analysis and assumptions used to obtain these estimates. Estimated number of third-class medical applicants that would participate plus the estimated number of special issuance applicants that would participate.

[20] Appendix E contains eligible aircraft numbers provided by GAMA.

[21] 2010 FAA Airmen Statistics indicate that there are 627,588 active airmen in the U.S.

[22] 2009 Research and Innovative Technology Administration Bureau of Transportation Statistics, Number of U.S. Aircraft, Vehicles, Vessels, and Other Conveyances indicates that there are 231,648 registered aircraft in the U.S.

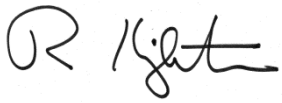
operations. The limitations and restrictions in this petition for exemption would maintain or enhance aviation safety by incentivizing pilots to continue flying in aircraft with which they are already familiar and enhancing knowledge and awareness of aeromedical factors through mandatory recurrent education for all pilots utilizing the exemption. Further, it is in the public interest to foster aviation for pilots, air carriers, manufacturers, and all of those who make a living using aviation or who rely on aviation for commerce and transportation; keeping the cost of flying reasonable; and conserving government resources, possibly allowing those resources to be redirected to more urgent safety programs. The data collected from those operating under this requested exemption could provide otherwise unattainable validation for the extent a medical certificate may be necessary.

The jury is in - the FAA now has undeniable, sufficient evidence from operations not requiring a medical certificate, including the new information derived from the sport pilot certificate, to grant this request.

For the reasons stated above, AOPA and EAA request that the FAA act favorably and expeditiously on this petition for exemption. AOPA and EAA stand ready to assist the FAA as it considers the regulatory exemptions requested herein, and others as may be necessary, and the development and deployment of appropriate training and education materials.

Sincerely,

Craig Fuller
President and CEO
Aircraft Owners & Pilots Association



Rod Hightower
President and CEO
Experimental Aircraft Association

Appendix A. Proposed Aircraft and Operating Limitations under a Driver's License/Self-Assessment

Limitations placed on pilots utilizing the AOPA / EAA exemption would include the following limitations[23]:

(a) A person operating under the AOPA/EAA medical exemption may:

(1) Carry no more than one passenger; and

(2) Not pay less than the pro rata share of the operating expenses of a flight with a passenger, provided the expenses involve only fuel, oil, airport expenses, or aircraft rental fees.

(b) A person operating under the AOPA/EAA medical exemption may not act as pilot in command of an aircraft—

(1) That is certificated—

(i) For more than four occupants;

(ii) With more than one powerplant;

(iii) With a powerplant of more than 180 horsepower, except aircraft certificated in the rotorcraft category; or

(iv) With retractable landing gear;

(2) That is carrying a passenger or property for compensation or hire;

(3) For compensation or hire;

(4) In furtherance of a business;

(5) Between sunset and sunrise;

(6) At an altitude of more than 10,000 feet MSL or 2,000 feet AGL, whichever is higher;

(7) When the flight or surface visibility is less than 3 statute miles;

(8) Without visual reference to the surface;

(9) On a flight outside the United States, unless authorized by the country in which the flight is conducted;

(10) To demonstrate that aircraft in flight as an aircraft salesperson to a prospective buyer;

(11) That is towing any object.

(12) Without completion of the AOPA/EAA airman medical education course within the preceding 24 months

[23] All pilots who hold a recreational pilot certificate will also be limited by the privileges and limitations listed for the recreational pilot certificate under §61.101. For example, a recreational pilot will still require an endorsement prior to cross-country flight beyond 50nm.

Appendix B: Medical Educational Course description and outline

Course Overview

Current FAA-required training material emphasizes the physiological factors that can lead to in-flight emergencies such as hypoxia, hyperventilation, middle ear and sinus problems, spatial disorientation, motion sickness, carbon monoxide (CO) poisoning, stress and fatigue, dehydration, and heatstroke. Additionally, the FAA provides minimal education of physiological factors that should be self-assessed pre-flight by pilots such as illness, effects of medication, alcohol, fatigue, stress, and current emotional state. There is no training on identifying signs and symptoms associated with serious medical conditions. This course will be designed to teach pilots how to identify the signs and symptoms of serious medical conditions and how to conduct a self-assessment. The course will be valuable not only for pilots participating in the exemption but for all pilots in the years between AME exams.

The online course will follow the basic design and navigation functionality of the Air Safety Institute's existing online courses. Features may include images, illustrations, animations, video, and other types of interactivity to engage users. The course will be broken up into modules / chapters with train to proficiency quizzes at the end of each chapter. A course completion certificate will be made available after successful course completion. The course subjects significantly supplement the primary training physiological education and will make due reference to the *Airmen's Information Manual* and FAA website resources pertaining to medical issues.

Content

Training elements should include:

1. Program Guidelines – Pilot responsibilities
    a. Recurrent course completion (every 24 months)
    b. Print out certificate of completion, keep certificate with pilot certificate and make available for FAA inspection as proof of course completion / eligible to operate under the AOPA/EAA exemption
    c. Review the baseline of health validated with a current and valid driver's license – must have available for FAA inspection
    d. Definition of self-assessment of health – prior to each flight, consideration must be given to current state of health as well as recent medical history and medications taken
    e. 14 CFR 61.53 requirement

f. Limitations and privileges associated with operating under the AOPA / EAA medical exemption – with a special emphasis on the limitations of size of aircraft and type of operations

2. Medical Certification
    a. Preventative Medicine
        i. Exercise
        ii. Diet
        iii. Body Mass Index
        iv. Non-smoking
        v. Hydration
        vi. Blood pressure
        vii. Regular doctor visits
        viii. Supporting statistics from health insurance carriers regarding the effects on people who participate in preventative medicine
        ix. Tools for pilots – online weight / exercise trackers, etc.?
    b. Self-assessment overview
        i. Requirement of 61.53
        ii. Review of flight physiology from AIM
            1. Alcohol
            2. Fatigue
            3. Stress
            4. Emotion
            5. Effects of Altitude
                a. Hypoxia
                b. Ear block
                c. Sinus block
                d. Decompression sickness
                e. Hyperventilation
                f. Carbon monoxide poisoning
            6. Illusions in flight – physical illusions from inner ear or spatial disorientation
            7. Aerobatic flight – G forces
        iii. Current state of health including health history
            1. Wellness assessment
            2. Identifying symptoms that are most common in flight incapacitation risks
            3. Aeromedical implications / evaluation of risk factors
            4. Age related considerations
            5. Tools available to assist pilots with self-assessment

c. Diagnosed medical conditions
    i. Cardiac
        1. Symptoms
        2. Risk assessment
        3. Tools/resources for pilots
    ii. Neurological
        1. Symptoms
        2. Risk assessment
        3. Tools/resources for pilots
    iii. Lung
        1. Symptoms
        2. Risk assessment
        3. Tools/resources for pilots
    iv. Diabetes
        1. Symptoms
        2. Risk assessment
        3. Tools/resources for pilots
    v. Cancer
        1. Symptoms
        2. Risk assessment
        3. Tools/resources for pilots
    vi. Vision
        1. Symptoms
        2. Risk assessment
        3. Tools/resources for pilots
d. Medications
    i. AIM guidance
    ii. Time since use considerations
    iii. Commonly prescribed meds
    iv. Pain medications
    v. Over the counter meds
        1. Cold medications
        2. Analgesics
    vi. Herbal medications/homeopathic medications/supplements
    vii. Mentation - Psychotropic effects
    viii. Altitude effects on medication effects
    ix. Surgeries
    x. Tools for pilots
        1. medications list online

Appendix C. Historical listing of efforts to relieve overly burdensome and unnecessary medical certification requirements

1938 - 1971

The 1938 Code of Federal Regulations required an appropriate physical examination before a pilot could test for a pilot certificate but did not provide for the issuance of airman medical certificates. In 1942, a system for the issuance of medical certificates was adopted that provided for the issuance of first-, second-, and third-class medical certificates.

A number of specific changes to the medical standards took effect in 1959. Electrocardiographic examination was required of first-class medical certificate applicants to demonstrate the absence of myocardial infarction and to identify other cardiovascular conditions. Additional medical standards were added related to a person's general physical condition and nervous system. As a result of the recommendations from a Flight Safety Foundation (FSF) study, the procedures were amended to prohibit the granting of special issuances to airmen with the following medical conditions: an established diagnosis of diabetes requiring insulin or other hypoglycemic treatment agents; a history of myocardial infarction or other evidence of coronary artery disease; or, a history of an established diagnosis of psychosis, severe psychoneurosis, severe personality abnormality, epilepsy, chronic alcoholism or drug addiction.

The Federal Aviation Act of 1958 provided for the granting of exemptions by the FAA administrator, and in 1960, the FAA specified that the existing general exemption procedures applied to the medical standards. Shortly afterward, rapid developments in medical knowledge about the disqualifying conditions and the development of improved techniques for prediction of their risk for incapacitation led the FAA to grant exemptions, with appropriate limitations, to many persons with the above conditions.

In 1971, the authority to grant or deny petitions for exemption from Part 67 was delegated to the Federal Air Surgeon in an effort to reduce administrative processing time and lower costs for the FAA in the granting of exemptions.[24] The FAA granted more than 3,000 medical exemptions in the ensuing years. Overall, the safety record of airmen who were granted exemptions has been at least as good as that of the airmen who hold medical certificates issued under the medical standards.

[24] 36 Fed. Reg. 3462 (Feb. 25, 1971)

1979 to present

AOPA and EAA have a long history of petitioning the FAA and commenting to rulemaking actions to expand the duration of the third-class medical certificate and substitute the need for a medical certificate with the use of a driver's license for recreational flying activities. These efforts span more than 30 years.

1979 - AOPA petitions to increase the duration of third-class medical certificates: On May 11, 1979, AOPA petitioned to amend § 61.23 to require medical examinations for private pilots at three-year intervals rather than every two years. The petition was based on AOPA's belief that safety would not be compromised, that private pilots would realize a significant economic savings, and that it would reduce the FAA's workload and allow better administration of the medical certification system.

1982 - FAA issues NPRM to revise duration of medical certificates: On December 2, 1982, the FAA issued a notice of proposed (NPRM) rulemaking to revise the duration of airman medical certificates.[25] The FAA stated in the NPRM, "In response to Executive Order 12291, these proposals, if adopted, will reduce a regulatory and economic burden on certain general aviation pilots and reduce a paperwork burden on the agency. This proposal replies to a petition from the Aircraft Owners and Pilots Association." Prior to drafting the NPRM, the FAA surveyed and analyzed medical literature and Department of Defense policies of aeromedical certification data. The FAA also contracted with Johns Hopkins University to prepare a detailed statistical analysis of computerized medical information collected by the FAA from annual examinations on approximately 31,000 air traffic controllers over a 15-year period. The study sample was demographically comparable to the private pilot population and the examinations were similar to airman medical examinations. In conclusion, the FAA stated in the NPRM, "The FAA agrees with the concept of the AOPA petition. It has been determined, however, that the frequency of third-class medical examinations for persons without detected pathology should be based on the age of the airman. After reviewing the Johns Hopkins University statistical analysis and other available data, the FAA proposes to lengthen the validity period of most third-class medical certificates for persons under the age of 56."[26]

1985 - FAA withdraws NPRM: On September 27, 1985 the FAA announced withdrawal of the NPRM to revise the duration of airman medical certificates, stating "[w]hereas Notice No. 82-15 dealt solely with the duration of airman medical certificates, the FAA has announced and is conducting a complete review of the medical standards for airmen and of its certification practices and procedures (47 FR 16298, April 15, 1982; 47 FR 30795, July 15, 1982). As part of

[25] 47 Fed. Reg. 54414 (Dec. 2, 1982)

[26] Id. at 55415.

that review the American Medical Association (AMA) is reviewing these standards and procedures and is expected to report its recommendations to the FAA in February 1986. Given the imminent issuance of the AMA's report, and the fact that the report may well provide the FAA with better data on which to base an evaluation of the safety concerns regarding the proposals which were raised by the medical community, the FAA has decided to withdraw the notice and reconsider this matter in the context of its review of the AMA's recommendation. Any future consideration of examination frequency will be given within the context of this study's outcome."[27]

1985 - FAA issues a NPRM to establish recreational pilot certificates: On June 25, 1985, the FAA issued a NPRM to revise the regulations to establish recreational pilot certificates.[28] According to the NPRM, "The primary basis for this proposed rule is a petition submitted to the FAA by a committee formed by the National Association of Flight Instructors (NAFI). The committee was formed in response to an initial proposal submitted to the FAA by the Aircraft Owners and Pilots Association (AOPA) and later withdrawn in anticipation of the committee's recommendations. The purpose of the committee, which was composed of industry and FAA people involved in pilot training, was to review the requirements for certification of student and private pilots. The committee included representatives of the University of North Dakota, University of Illinois, Flying magazine, Embry-Riddle Aeronautical University, Auburn University, AOPA Air Safety Foundation, and Instrument Flight Training, Minneapolis, and Office of Flight Operation FAA."

"The committee found that past revisions of Part 61 had imposed an unnecessary burden on a segment of the flying public. These revisions had so changed the requirements for private pilot training in instrumentation that: (1) less expensive, simple aircraft were no longer used for training because these aircraft were not equipped with the necessary instruments and (2) the hours for training had necessarily increased even for student pilots whose interests were solely in flying basic aircraft. The committee's solution to the problem was to propose two new categories of pilot certification: student recreational and recreational pilot to be certificated for flying only basic aircraft."

As part of the NPRM, the FAA solicited comments and supporting documentation on the third-class medical certificate requirement, including the degree to which it is a burden and alternative ways to assess an individual's medical fitness, such as using a driver's license which shows the status of the applicant's vision, or a family physician's testament to basic health.

[27] 50 Fed. Reg. 39619 (Sept. 27, 1985).

[28] 50 Fed. Reg. 26286 (June 25, 1985).

The limitations proposed in the NPRM for the Student Recreational and the Recreational pilot certificate were to allow for "somewhat reduced eligibility and training requirements in comparison to those required of private pilots." "The proposed rule considers one of two options for the medical eligibility requirements: (1) a third-class medical certificate, or (2) a certification by the prospective recreational pilot that he/she has no known medical defect that would interfere with his/her ability to safely operate an aircraft."[29]

AOPA and EAA submitted separate comments to the NPRM "Certification of Student Recreational, Recreational, Student Private and Private Pilots". In these comments, AOPA and EAA supported the proposal that a recreational pilot has the authority to "self-certify" their medical condition and maintained then, as they do today, that the successful "self-certifying" medical provisions authorized for the glider and balloon community should be extended to pilots who fly recreationally.

1986 - AOPA again petitions for increased duration of third-class airman medical certificates: On February 26, 1986, AOPA again petitioned the FAA, Docket No. 24932, to revise the duration of a third-class airman medical certificate to 36 calendar months for noncommercial operations requiring a private, recreational, or student pilot certificate.

1989 - FAA issues final rule creating recreational pilot certificate with required medical certificate despite overwhelming support for self-certification: On March 29, 1989, the FAA issued their final rule creating the recreational pilot certificate.[30] In that final rule, the agency stated: "An overwhelming majority of the comments received on this issue favor self-certification. After extensive review and deliberation, the FAA has determined that there is no basis for deleting the third-class medical requirements for recreational pilots."[31]

1993 - EAA petitions to allow recreational flyers to self-certify: On September 24, 1993, EAA submitted a Petition for Rulemaking, Docket No. 27517, to the FAA for purpose of allowing individuals who fly recreationally to, in lieu of holding an FAA third-class medical certificate, "self-certify" that he or she has no known medical condition or defect that would make him or her unable to pilot an aircraft safely. On January 3, 1994, the FAA published the EAA petition.[32]

[29] Id. at 26288

[30] Certification & Annual Flight Review Requirements for Recreational Pilots, 54 Fed. Reg. 13028 (March 29, 1989).

[31] Id. at 13030

[32] Petition for Rulemaking; Summary of Petitions Received, 59 Fed. Reg. 31 (Jan. 3, 1994).

The comment period for the EAA petition closed on March 4, 1994. There were more than one thousand comments received. The majority of those who commented voiced overwhelming support for the petition.

1993 - AOPA petitions for increased duration of medical certificates to 48 months: Also in September 1993, AOPA petitioned the FAA to extend the duration of a third-class medical certificate to 48 months for noncommercial operations requiring a private or student pilot certificate. This petition was based upon the successful experience in the United Kingdom of a five-year medical certification standard and the extremely low rate of medical incapacitation related accidents in the United States. Then, as now, medical incapacitation by previously undiagnosed pathologies accounted for less than one half of one percent of all general aviation accidents.

1994 - FAA issues a NPRM to revise duration of third-class airman medical certificates: On October 21, 1994, the FAA published a NPRM for the Part 67 revision of airman medical standards and medical certification procedures and amendment of Part 61 to revise the duration of third-class airman medical certificates based on the age of the airman for operations requiring a private, recreational, or student pilot certificate.[33] The FAA proposed to lengthen the validity period of third-class medical certificates for most persons under the age of 40. "Persons under age 40 would be required to undergo a physical examination every 3 years for a third-class medical certificate. Third-class medical certificates for persons age 40 but less than age 70 would continue to be valid for 2 years. Persons age 70 and older would be required to undergo a physical examination every year when applying for a third-class medical certificate."[34]

1996 - The FAA issues a final rule denying AOPA's 1986 and 1993 petitions and increasing duration of third-class medical certificate only for pilots under 40: On March 19, 1996, the FAA issued the final rule for their part 67 rewrite.[35] In preparing the final rule, the FAA reviewed the more than 5,200 comments that were submitted in response to the NPRM. In this final rule, the duration of the third-class medical certificate was changed to 36 months for pilots under the age of 40. The FAA withdrew the proposed shortened duration of third-class medical certificate of airmen older than the age of 70 because of "insufficient data to support the revision."

1995 - FAA issues NPRM incorporating EAA's 1993 requested self-certification for recreational flyers: On August 11, 1995, the FAA issued a notice of proposed rulemaking

[33] 59 Fed. Reg. 53226 (Oct. 21, 1994).

[34] Id. at 53230.

[35] Revision of Airman Medical Standards and Certification Procedures and Duration of Medical Certificates, 61 Fed. Reg. 11238 (Mar. 19, 1996).

(NPRM), which incorporated the requested rule change submitted by EAA in 1993. Proposed Flight Instructor, Ground Instructor, and Pilot School Certification Rules, 60 Fed. Reg. 41160 (Aug. 11, 1995). In that NPRM, the FAA proposed allowing pilots who hold recreational pilot certificates and those higher rated pilots who elect only to exercise recreational pilot privileges to operate aircraft without a medical certificate. Specifically, this proposal would have included student pilots seeking a recreational pilot certificate, holders of a recreational pilot certificate, and holders of a higher pilot certificate who elect only to exercise the privileges of a recreational pilot certificate.

The FAA stated, "Since the early 1930s, all pilots, except glider and balloon pilots, have been required to hold medical certificates in order to exercise the privileges of their pilot certificates. The FAA determined that medical certificates were required for the purpose of ensuring the safety of the pilot in command and passengers, and also for the safety of people and property on the ground. As a result of the EAA petition discussed earlier and the interest shown in the general aviation community, the FAA is seeking wider comment on whether recreational pilots and holders of a higher pilot certificate who elect to exercise the privileges of a recreational pilot certificate should be required to hold medical certificates. The FAA is also seeking data on any safety or other public interest concerns that may arise from obviating any review of medical qualifications by medical professionals."[36]

"Pilots applying for a recreational pilot certificate would be required to certify at the time of application that they have no known medical condition or deficiency that makes them unable to operate the aircraft in a safe manner. This requirement parallels the provisions that are now provided to balloon and glider pilots under the current rules. This proposal would prohibit pilots from exercising the privileges of a recreational pilot certificate if they have a known medical condition or deficiency that would make them unable to operate the aircraft in a safe manner or if they are taking any medication or receiving other treatment for a medical condition that would make them unable to operate the aircraft in a safe manner."

"The FAA is not proposing specific medical standards for this pilot self-evaluation but instead are proposing that pilots self-evaluate prior to each flight whether they have any medical conditions that would inhibit their ability to operate the aircraft in a safe manner. The FAA would rely on the pilot's knowledge and judgment as to their medical fitness for conducting each flight. The FAA strongly encourages the public to comment on whether there should be specific medical standards upon which the pilot should base their self-evaluation."

"On November 17, 1994, the National Transportation Safety Board (NTSB) provided the FAA with general aviation accident data involving medical incapacitation since 1982 for balloon and

[36] Id. at 41169.

glider pilots. There have been a total of seven accidents involving balloon and glider pilots since 1982 where a finding was made on medical incapacitation as a cause or factor involved in the accident. Out of those seven accidents, four pilots had valid medical certificates, two pilots had held a medical certificate but the certificates were expired, and only one pilot did not hold a medical certificate."[37]

1997 - FAA issues final rule withdrawing proposed change, noting overwhelming support for eliminating the medical certificate requirement for recreational pilots but indicating intent to conduct additional study with possible future rulemaking: On April 4, 1997, the FAA issued final rule for the 1995 NPRM. Pilot, Flight Instructor, Ground Instructor, and Pilot School Certification Rules, 62 Fed. Reg. 16220 (Apr. 4, 1997). In that rule, the FAA stated "The FAA carefully considered all comments pertaining to the proposal that pilots who hold recreational pilot certificates, student pilots operating within the limitations of a recreational pilot certificate, and those higher-rated pilots who elect to exercise only recreational pilot privileges be permitted to operate an aircraft without holding a medical certificate. Although the FAA acknowledges that most of the comments favored eliminating the third-class medical certificate requirement for such pilots, few of these comments contained supporting data or analysis…. The FAA has determined that additional scrutiny of the proposal is needed to ensure that it would raise or maintain the current level of safety; therefore, the FAA has withdrawn the proposed change from the final rule. The FAA intends to conduct additional study on this proposal and may issue a separate rulemaking action in the future." Id. at 16225.

Mid-1990s - An FAA Aviation Rulemaking Advisory Committee reviews accident summary data and concludes that 0.1 percent of accidents in operations not requiring an airman medical certificate, and 0.05 percent of accidents in operations requiring a certificate, showed a medical cause: An ARAC reviewed accident summary data from 1986 through 1992, that concluded that the percentage of aviation accidents involving medical causal factors is lower for those activities that do not require medical certificates than for those activities that do. During this seven-year timeframe, the ARAC indicates there were 761 accidents in lighter-than-air aircraft and gliders - operations that do not require airman medical certification. Only one of the 761 accidents showed a medical cause, according to ARAC (slightly more than 0.1 of one percent of total accidents). For general aviation operations requiring airman medical certification, ARAC indicates there were 46,976 total accidents, 99 of which (slightly more than one-fifth of one percent) showed a medical cause.

1995 - AOPA Air Safety Foundation study concludes 1.9 percent of general aviation accidents had a contributing medical factor, less than one-third of which were related to non-drug or alcohol health issues: In 1995, the AOPA Air Safety Foundation conducted a comprehensive

[37] Id. at 41170.

analysis of medical casual factors in general aviation accidents. The study showed that during a 10-year period from 1982 to 1991, there were 19,925 general aviation accidents. Of these, only 379 or about 1.9 percent had any medical factors contributing to the accident as determined by the NTSB. A closer look at these 379 accidents shows that well more than two-thirds were caused by the use of alcohol and/or drugs both illicit and prescribed. While most regrettable, there is no way a medical examiner, under any set of regulations or medical standards, can prevent an otherwise healthy pilot from illegally operating an aircraft under the influence. This leaves only 120 medically related accidents during the 10-year period.

The breakdown of these 120 medically related accidents was as follows:

- Eighteen involved pilots who did not hold a medical certificate or had a certificate that was clearly invalid. No change in medical standards or increased thoroughness of an AME exam will prevent these accidents.
- Eight were labeled as medical incapacitations by investigators but the cause was not determined.
- Fifteen were related to hypoxia or carbon monoxide poisoning, which has no connection with the medical certification standards.
- Eighteen were attributable to a variety of medical conditions that did not involve preexisting conditions that could have been detected by the AME at the time of certificate issuance. These included gunshot wounds, motion sickness, cold and flu symptoms, head trauma, upset stomach, and leg cramps.
- Forty-one were reportedly caused by myocardial infarctions (heart attacks). No other medical factor recurred in an accident more than one time per year.
- Two were caused by strokes.
- Four were visual deficiency.
- Eighteen were attributed to "other" organic, cardiovascular, and toxic problems.

2002 - AOPA submits petition to eliminate medical certification requirement for recreational pilots: In January 2002, AOPA submitted a petition for rulemaking to amend the medical certification requirements for operating an aircraft while exercising the privileges of a recreational pilot certificate. AOPA requested that the FAA permit the use of a current and valid U.S. driver's license in lieu of an FAA medical certificate to meet the medical certification requirements of a recreational pilot certificate.

2002 - FAA issues a NPRM proposing self-certification for Sport Pilots: On February 5, 2002, the FAA Issued a Notice of Proposed Rulemaking, proposing to adopt the ARAC's recommendation of self-certification for Sport Pilots.[38] The proposed rule would allow sport pilots to use a driver's license in lieu of an FAA medical certificate.

2002 - FAA denies AOPA's petition as premature while the issue is under consideration for Sport Pilots: On September 13, 2002 the FAA denied AOPA's petition to allow pilots to use a driver's license as a medical certificate to exercise recreational pilot privileges, without an opportunity for public comment. In its denial, the FAA cited other more pressing rulemaking priorities. FAA also stated "It would be premature to actively consider your proposal for Recreational Pilots while the issue is still under consideration for application to Sport Pilots."

2002 - EAA submits petition to allow recreational pilots to fly without the requirement to hold a medical certificate: On September 26, 2002, the EAA petitioned the FAA for an exemption from § 61.23 to permit EAA members holding any pilot certificate to exercise the privileges of a recreational pilot using a current and valid U.S. driver's license instead of an FAA-issued medical certificate.

2003 - FAA denies EAA petition as premature while issue is under consideration for Sport Pilots: On March 3, 2003, the FAA denied EAA's petition stating that "the FAA is currently working on a related rulemaking action for Light Sport pilots that will address issues similar to those raised in this petition for exemption. Therefore, the FAA finds that it would be premature to actively consider a petition for exemption for Recreational pilots while the issue is still under consideration for application to Sport Pilots."

2003 - AOPA submits new petition to exempt recreational pilots from medical certificate, narrower in scope and providing for additional research information: In January 2003, AOPA followed up its denied 2002 request with a new petition for exemption from § 61.3(c) and 61.23(a)(3)(ii) and (iii), which would have allowed members of the association to use a valid and current U. S. driver's license in lieu of an FAA medical certificate when exercising the privileges of a recreational pilot certificate. In the request, AOPA attempted to address FAA concerns from the 2002 proposal stating, "FAA acknowledged that its Sport Pilot proposal and AOPA's Recreational pilot proposal addressed similar issues" but said the AOPA petition was 'premature'. The FAA also stated that it wanted to evaluate the operations of Sport Pilots using a valid driver's license in lieu of a medical before it extended the option to Recreational pilot privileges. In subsequent discussions with the FAA, AOPA learned that one of the FAA's reasons for denying the AOPA petition was that the request was considered to be too broad in

[38] Proposed Certification of Aircraft and Airmen for the Operation of Light-Sport Aircraft, 67 Fed. Reg. 5368 (Feb. 5, 2002).

scope, in that the FAA feels there is not enough baseline medical data to allow full implementation of a driver's license medical standard for exercising recreational pilot privileges. This Petition for Exemption request seeks to address this FAA concern and establish that baseline medical research information. The information gained from the research obtained through this exemption should allow the FAA to make a decision to allow the use of a driver's license for Recreational pilots."

2003 - FAA denies AOPA's petition as premature while issue is under consideration for Sport Pilots: In March 2003, the FAA responded to AOPA's request for exemption stating, "The FAA has considered fully the petitioner's supporting information and finds that a grant of exemption would not be in the public interest. As the petitioner is aware, the FAA is currently working on a related rulemaking action for Light Sport pilots that will address issues similar to those raised in this petition for exemption. The FAA notes that the comment period for the Light Sport pilot NPRM closed on May 6, 2002. The FAA received more than 2,400 comments for consideration. The rulemaking team is in the process of reviewing the comments and drafting the final rule. Therefore, the FAA finds that it would be premature to actively consider a petition for exemption for recreational pilots while the issue is still under consideration for application to sport pilots. Furthermore, the FAA is not seeking to obtain information, data, or experience beyond what we will get from operations under the Sport Pilot rule (if it goes out in final form authorizing the use of a driver's license in lieu of a medical certificate)."

2004 - FAA issues final rule allowing self-certification for Sport Pilots: On July 27, 2004, the FAA promulgated the sport pilot rule, allowing pilots to exercise the privileges of the sport pilot certificate without an FAA medical certificate.[39] The FAA emphasized the responsibility of pilots to carefully consider their fitness to fly, noting that "no level of airman medical certification will ever alleviate this responsibility." Id. at 44816.

2006 - AOPA again petitions the FAA to allow recreational pilots to operate without the requirement for a medical certificate: In 2006, AOPA again petitioned the FAA to permit medical self-certification for the exercise of Recreational pilot privileges.

2006 - FAA denies AOPA's petition as premature while the issue is under consideration for application to Sport Pilots: In 2006, the FAA again denied AOPA's petition on the basis that "it would be premature to actively consider your proposal for recreational pilots while the issue is still under consideration for application to Sport Pilots."

2007 - FAA issues NPRM to extend duration of medical certificates: On April 10, 2007, the FAA issued a NPRM for the Modification of Certain Medical Standards and Procedures and

[39] Certification of Aircraft and Airmen for the Operation of Light-Sport Aircraft, 69 Fed. Reg. 44772 (July 27, 2004).

Duration of Certain Medical Certificates.[40] In that NPRM, the FAA stated, "The FAA has not reviewed the medical duration standards since 1996 when it extended the duration of third-class medical certificates from two years to three years for individuals under age 40. The FAA is proposing to further extend certain § 61.23 (d) provisions in order to provide a more reasonable, updated examination timetable for certain medical certificate holders and with a view to more efficiently managing the airman medical certification program overall. Decreasing the frequency of medical examinations by increasing the duration of validity from six months to one year on first-class medical certificates for individuals under age 40 and from 36 months to 60 months on third-class medical certificates for individuals under age 40 would reflect the FAA's assessment of the current, appropriate interval for younger airmen. It also would decrease routine workflow thereby allowing the FAA to focus on the most safety-critical certification cases and provide more efficient service to other applicants waiting to be processed."[41]

2007 - AOPA and EAA comment in support of NPRM and request allowing the use of a driver's license instead of a medical certificate for recreational pilots: AOPA and EAA wrote comments in support of the extension of the medical duration and specifically requested that the FAA consider allowing a U.S. driver's license as medical qualification in lieu of an FAA medical certificate to exercise recreational pilot privileges.

2008 - FAA issues final rule refusing to consider use of a driver's license as medical qualification for recreational pilots: On July 24, 2008, the FAA issued its final rule stating that the requests to allow a U.S. driver's license as medical qualification in lieu of an FAA medical certificate to exercise Recreational pilot privileges is "beyond the scope of the proposal".[42] The FAA went on to state, "The FAA proposal did not address, or propose to amend, standards for recreational pilots other than, for certain pilots, the duration of a third-class medical certificate, required when exercising Recreational pilot privileges… The only pilots currently allowed to medically qualify using a U.S. driver's license are Sport Pilots. The FAA did not find cause during sport pilot rulemaking deliberations, and at this time does not have sufficient experience certificating sport pilots, to reconsider the third-class medical certificate standard for the exercise of Recreational pilot privileges."

2011 - AOPA files a comment in support of a 2009 petition for rulemaking on eliminating the 3rd class medical requirement for aircraft under 6,000 pounds submitted by David Wartofsky, owner of Potomac Airfield in Friendly, Md. In its comment, AOPA stated that the association "has

[40] 72 Fed. Reg. 18092 (Apr. 10, 2007).

[41] Id. at 18093.

[42] Modification of Certain Medical Standards and Procedures and Duration of Certain Medical Certificates, 73 Fed. Reg. 43059, 43062.

long supported expansion of the eligible population and kinds of operations that can use a driver's license medical or self-certification as is requested in this petition. AOPA supports the concept [of the Wartofsky petition] and will continue to advocate for an expansion to the driver's license medical standard so that it may apply to pilots exercising the privileges of higher certificate levels. Reducing the economic and regulatory burden to being a pilot would promote the growth of general aviation. This would directly benefit student pilots, pilots, flight instructors and flight schools while indirectly benefiting the aircraft manufacturers, FBOs, airports and the GA community as a whole."

2012 - On Feb. 2, 2012, the FAA denied the 2009 petition by David Wartofsky stating, "Expanding the option of relying on a valid state driver's license in lieu of a third-class airman medical certificate to include private pilots exercising privileges in aircraft whose performance and handling qualities typically are well above current LSA limitations would require complex amendments to FAA aircraft certification, operational, and medical standards that, absent more substantive safety evidence, may prove unwise,"

Appendix D. Economic analysis

Economic Benefits of the Driver's License / Self-Assessment Standard

This proposal would result in substantial economic savings for pilots and the federal government. Utilizing formulas, assumptions, and figures developed for the economic analysis of the FAA modification of certain medical duration standards in 2007, we have calculated that this proposal would generate savings of **$241,929,900** to pilots in a ten year period and savings to the Federal government of more than **$11,530,910** in the same period.

General Assumptions

1. Cost to a pilot for a medical exam is $321 as calculated in a December 2007 regulatory evaluation document for modification of certain medical duration standards ($88 price of medical exam + $116 for travel time + $78 time for the exam + $39 time to fill out form)

2. Paperwork cost for FAA is $25.04 per certificate (30 minutes at blended rate of $50.08)

3. 30 percent of the pilots who are currently issued third-class FAA medical certificates will opt to take part in the requirements called for in petition and not renew their medical certificate

4. 50 percent of pilots issued third-class medicals under special issuance will opt to take part in the requirements called for in petition and not renew their medical certificate

Savings for pilots

The number of third-class medical certificates issued annually is approximately **107,300** (2010).

Not all holders of third-class medicals fly aircraft that fit the limitations or will not want to restrict their operations in order to participate in this proposed exemption, therefore not all holders of a third-class medical certificate would likely forego future applications for a third class medical certificate. A conservative estimate is that 30 percent of holders of third class medicals would take part in the training requirements and limitations called for in this petition and will not renew their medical certificate. Therefore, the total estimated participants in the driver's license / self-assessment medical is **32,190** annually.

Using 32,190 participants and the assumptions listed above, the 10-year total savings ($321 per certificate)[43] equal approximately **$103,329,900** for the pilots participating in the program.

The number of third-class medical certificates issued annually under special issuance is approximately **13,859** (2010).

The cost and burden associated with renewing a special issuance medical certificate varies widely based upon the competency of the AME and the pathology requiring the special issuance. For example, vision standards may be relatively simple to renew, while the requirement to renew a special issuance based on a cardiovascular or neurological condition may prove to be overwhelming in cost and complexity. It is not at all uncommon for these airmen to spend in excess of $1,000 annually to renew their special issuance medical certificate. In fact, AOPA and EAA are aware of instances where the special issuance process has cost individuals more than $3,000, an extraordinary expense to maintain the privilege of flying for recreation or personal transportation.

The average cost of obtaining a special issuance authorization (SI) is $2,000, not factoring in travel time or time off work associated with the testing and administrative process. Often the cost to conduct the required testing to obtain an authorization is borne by the individual pilot alone if not deemed necessary by the personal physicians and covered by medical insurance. For these reasons, we believe that a greater number of pilots currently operating under SI medical certificates will participate in the driver's license/self-assessment standard. Assuming that 50 percent of this group (6,930 pilots) would participate in the driver's license/self-assessment medical standard, the savings to pilots would total $13,860,000 annually or **$138,600,000** over 10 years.

Total savings for pilots over 10 years is conservatively estimated at **$241,929,900.**

FAA, AME, CAMI officers, CAMI physicians, et cetera.

Again, utilizing formulas developed for the economic analysis for the FAA modification of certain medical duration standards in 2007, each employee will spend approximately 30 minutes to review the medical applications. Estimated blended wage of $50.08 for the cost of time of employees that will review the medical[44].

For the 32,190 fewer third-class medicals processed annually, the FAA will save $806,037 annually.

[43] $321 = $88 price of medical exam (2006) + $116 for travel time + $78 time for the exam + $39 time to fill out form. From the FAA's 2007 economic evaluation to support the "Modification of Certain Medical Duration Standards and Authority Delegated to Select Designees" Final Rule

[44] Assumptions per Regulatory evaluation for modification of certain medical duration standards NPRM

Special issuances require more time for approval. A conservative estimate is that the approval time for special issuances is 60 minutes. Estimated blended wage is $50.08 for the cost of time of employees that will review the medical[45].

With an estimated 6,930 fewer special issuances annually, the FAA could save an additional $347,054 annually.

Total estimated savings in paperwork for FAA, AME, CAMI officers, and CAMI physicians is $1,153,091 annually or **$11,530,910** over 10 years.

[45] Assumptions per Regulatory evaluation for modification of certain medical duration standards NPRM

Appendix E. GAMA Letter for Estimation of Affected Aircraft

February 6, 2012

Kristine Hartzell
Manager, Regulatory Affairs
Aircraft Owners and Pilots Association (AOPA)
421 Aviation Way
Frederick, Maryland 21701

Dear Ms. Hartzell:

The General Aviation Manufacturers Association (GAMA) has completed the analysis you requested about the portion of currently registered aircraft that would qualify for use by a pilot that exercises recreational pilot privileges.

As you stated, AOPA – in coordination with the Experimental Aircraft Association (EAA) – intend to file a petition to exempt pilots from having to hold a medical certificate if that pilot self-certifies their compliance with the medical requirements for operating an aircraft; takes an education course that identifies medical conditions that are unsafe for flight; and operates an aircraft that meets the criteria in 14 CFR Part 61.101(e), including airplanes that have four seats or less; one power plant; 180 horse power or less; and has fixed gear.

GAMA has reviewed in detail the airplanes that are currently listed as registered on the Federal Aviation Administration (FAA) Aircraft Registry and meet the criteria above.

Our analysis started with the 189,454 aircraft on the Aircraft Registry identified in the report titled *Aviation Fuels Research Reciprocating Engine Aircraft Fleet Fuel Distribution Report* (DOT/FAA/AR-TN11/22) that was developed for the Unleaded Avgas Transition Aviation Rulemaking Committee (UAT ARC). Our analysis was limited to 97.9 percent of the registered aircraft identified by the UAT ARC which covers 45 different manufacturers. The remaining two percent of the registry cover hundreds of additional manufacturers.

The detailed analysis identified **114,333 airplanes** including 49,407 manufactured by Cessna Aircraft Company; 37,244 manufactured by Piper Aircraft, Inc.; 6,035 manufactured by Aeronautical Corporation of America (that is, Aeronca); 2,521 manufactured by Bellanca (and its affiliated manufacturers); 2,382 by Stinson; 2,329 by Beechcraft; and 2,198 aircraft manufactured by Taylorcraft that meet the criteria that you identified. We did not look at special light sport aircraft since they are already covered by a medical exemption similar to the one you propose. You will find the detailed overview attached to this letter.

You should also note that we did not consider the "active fleet" criteria established by the FAA. According to the FAA's most recent general aviation survey for 2010, approximately 75.8 percent of the single engine piston fleet is "active". (The survey also says that 61.5 percent of 1-3 seat piston single engine airplanes and 82.9 percent of the 4+ seat single engine airplanes are considered active.) Based on these figures, it is fair to assume that approximately **86,664 active single engine piston airplanes** could be operated by a pilot that is exercising recreational pilot privileges.

General Aviation Manufacturers Association
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www.GAMA.aero

GAMA is encouraged by your petition that would better target medical certification for general aviation pilots and at the same time expand the general aviation community's understanding of the safety implications of flying with a medical impairment, taking over-the-counter medicine, or other medical conditions that may impede the safe operation of the aircraft.

As was learned from the General Aviation Joint Steering Committee's (GAJSC) ongoing review of loss of control accidents, medical conditions, use of over-the-counter medicine and lack of understanding of the implications of poor health are common factors among pilots involved in fatal general aviation accidents. While the GAJSC has yet to draw a clear conclusion about the implications of poor health and use of certain drugs on general aviation safety, GAMA believes that better education of pilots can only help with enhancing safety.

Please contact me with any questions about how the analysis was conducted.

Regards,

Jens C. Hennig
Vice President of Operations

ATTACHMENT

Analysis of 14 CFR 61.101 (e) criteria

Conclusion from analysis need to understand 185,542 (97.9%) aircraft of the 189,454 identified as potentially 61.101:

- 18 manufacturer require no addiitonal analysis since all aircraft outside 61.101 (see Column E through H "Yes")
- 27 manufacturers require additional analysis (see Column J "Yes")
- 6 manufacturers requre no additional analysis since all aircraft within 61.101 (see Column I "Yes")

Mfr's Code	Number of Aircraft	Rank	Manufacturer's Name								Registered number of aircraft that currently (January 2012) meets 61.101	
207	74,258	1	Cessna/Inland Valley Avia	No	No	No	No	No	Yes		49,407	a
710	46,030	2	Piper Aircraft, Inc.	No	No	No	No	No	Yes		37,244	b
115	17,209	3	Beech-Parks	No	No	No	No	No	Yes		2,329	c
587	6,764	4	Mooney Mite Aircraft Corp.	No	Yes	No	No	No	No	6,764	-	
211	4,107	5	Aeronca (Aeronautical Corp. of Am.)	No	No	No	No	No	Yes		6,025	d
213	3,383	6	Cirrus Design Corp.	Yes	No	No	No	No	No	3,383	-	
122	2,501	7	Bellanca	No	No	No	No	No	Yes		2,521	t
923	2,280	8	Universal	No	No	No	No	No	Yes		316	e
764	2,249	9	Robinson Helicopter Co.	No	No	Yes	No	No	No	2,249	-	
885	2,198	10	Taylorcraft	No	No	No	No	Yes	No		2,198	
819	1,818	11	Silvaire	No	No	No	No	Yes	No		1,818	
42	1,757	12	ERCO (Engineering Research Co.)	No	No	No	No	Yes	No		1,757	
396	1,747	13	Grumman American Aviation Corp.	No	No	No	No	No	Yes		2,016	f
19	1,693	14	Aeronca (Aeronautical Corp. of Am.)	No	No	No	No	No	Yes			d - above
60	1,417	15	Six Chuter, Inc.	No	No	No	Yes	No	No		-	
138	1,164	16	Boeing/Stiles R	No	No	No	No	No	Yes		-	g
299	1,143	17	Diamond Aircraft Industries, Inc.	No	No	No	No	No	Yes		1,108	h
615	1,012	18	Ryan (see No. 783)	No	No	No	No	Yes	No		1,012	
546	1,005	19	Maule	No	No	No	No	No	Yes		412	i
14	908	20	Aero Commander	No	No	No	No	No	Yes		299	j
221	865	21	Aviat, Inc.	No	No	No	No	No	Yes		639	k
63	619	22	American (Aviation, Tiger, Bede)	No	No	No	No	No	Yes		929	l
212	619	23	American Champion Aircraft	No	No	No	No	No	No		619	n
715	568	24	Raytheon Aircraft Company	Yes	Yes	No	No	No	No	568	-	
640	553	25	North American	Yes	Yes	No	No	No	No		-	
515	521	26	Columbia Aircraft Mfg	Yes	No	No	No	No	No	521	-	
337	518	27	Fairchild	No	No	No	No	No	Yes		472	m
960	517	28	Waco	Yes	No	No	No	No	No	517	-	
763	464	29	Rockwell International	No	No	No	No	No	Yes		-	o
863	458	30	Stinson (also see Universal)	No	No	No	No	No	Yes		2,383	p
308	385	31	Downer (was and became Bellanca)	No	No	No	No	No	Yes		-	
280	381	32	De Havilland and De Havilland Canada	No	No	No	No	No	Yes		238	r
868	355	33	Socata Group Aerospatiale	No	No	No	No	No	Yes		158	s
805	329	34	Schweizer	No	No	Yes	No	No	No	329	-	
397	321	35	Gulfstream-Schweizer A/C Corp.	No	No	Yes	No	No	No	321	-	
118	302	36	Bell	No	No	Yes	No	No	No	302	-	
330	283	37	Enstrom Helicopter Corp.	No	No	Yes	No	No	No	283	-	
302	256	38	Douglas	Yes	Yes	Yes	Yes	No	No	256	-	
447	254	39	Hughes-Filipoff	No	No	Yes	No	No	No	254	-	
56	244	40	Martin Edwin W	No	No	No	Yes	No	No		-	
511	230	41	Aerofab, Inc. (Lake Aircraft)	Yes	No	No	No	No	No	230	-	
836	225	42	Smith (Aerostar owner)	Yes	No	No	No	No	No	225	-	
547	219	43	Maule	No	No	No	No	No	Yes			i - above
702	199	44	Extra Flugzeugproduktions-Und	Yes	No	No	No	No	Yes	199	-	
120	196	45	Bellanca	No	Yes	No	No	No	Yes	196	-	
54	182	46	Alon	No	No	No	No	Yes	No		182	
240	175	47	Consolidated Aeronautics (Lake)	Yes	No	No	No	No	No	175	-	
436	171	48	Hiller-Osborn	No	No	Yes	No	No	No	171	-	
262	170	49	Travel Air	No	No	No	No	No	Yes		89	w
783	162	50	Ryan	No	No	No	No	Yes	No		162	
422	158	51	Hawker Beechcraft Corp.	Yes	Yes	No	No	No	No	158	-	
TOTAL	185,542		TOTAL NUMBER OF REGISTERED AIRCRAFT MEETING 14 CFR 61.101 OPERATIONS								114,333	
			TOTAL NUMBER OF REGISTERED AIRCRAFT THAT DO NOT MEET 14 CFR 61.101 OPERATIONS								71,209	