## APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED AIRMAN CERTIFICATE(S) AND WRITTEN TEST RESULTS

PRIVACY ACT: This information is required under the authority of the Federal Aviation Act (Section 602). Certification cannot be completed unless the data is complete. Disclosure of your Social Security Number (SSN) is optional. Routine uses of records maintained in the system include categories of users and the purposes of such uses; i.e., to determine that airmen are certified in accordance with the provisions of the Federal Aviation Act of 1958; repository of documents used by individual and potential employers to determine validity of airmen qualifications; to support investigative efforts of investigation and law enforcement agencies of Federal, State, and local governments; supportive information in court cases concerning individual status and/or qualifications in law suits! to provide data for the Comprehensive Airman Information System (CAIS); and to provide documents for microfilm and microfiche backup records.

<b>O</b> M	O Medical Certificate		
Certificate N	umber(s)	Date(s) of Is	suance
Place of Wri	tten Test	Date of Write	ten Test
(first)	(middle)	(last)	
			_
(Date)	(Place)		_
Weight (Lbs.)	Hair	Eyes Sex	
Nationality:			
er in the amount \$	<u> </u>		
			k or money orde
il this request	For Medical or Co	ombined Student/Medical, s	end this request
	Federal A Cashier, A	AVN-455	
	Certificate Note that this request	Place of Written Test  (first) (middle)  (Date) (Place)  Weight (Lbs.) Hair  Nationality:  in the amount \$  Fertificate is \$2. The fee for each writated States) must accompany request til this request  For Medical or Coto:  Federal A  Cashier, A	Certificate Number(s)  Place of Written Test  (first)  (place)  Weight (Lbs.)  Hair  Eyes  Nationality:  In the amount \$

Request for duplicate radio/telephone license should be directed to:
Federal Communication Commission
1919 "M" Street, NW
Washington, DC 20554

Oklahoma City, OK 73125-4939

Oklahoma City, OK 73125-4940