



Verification of Authenticity of Foreign License, Rating, and Medical Certification

Basic Airman Information

1. Name as it appears on your foreign license			2. Date of Birth			3. City and Country or City and State of Place of Birth		
Last	First	Middle	Month	Day	Year			
DOE	JOHN	M	01	30	1990	HAMBURG, GERMANY		
4a. Address you want your copy of the verification letter mailed to. OR					4b. Optional fax number			
P.O. BOX 165505					(305)		808-3430	
					Country Code or Area Code		FAX Number	
5. City, State, Zip Code (Country if applicable)						6. Citizenship (Nationality)		
MIAMI, FL 33186						CZECH REPUBLIC		

Certificate or Rating Applied For on Basis of:

7. Country that issued the foreign pilot license			7a. Grade of foreign pilot license		7b. Foreign pilot license number	
CZECH REPUBLIC			PRIVATE PILOT LICENSE		CZ / PPL(A)9999	
8. Do you read, speak, write and understand the English language with a proficiency of ICAO Level 4 or higher?						
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
9. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license? (Note: If your foreign license is under a period of suspension or revocation, you will not be eligible for conversion.)						
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
10. Do you hold a current medical certificate or endorsement?		10a. Class of Medical Certificate	10b. Date of Issue	10c. Date of Expiration	10d. Country of Medical Certificate or Endorsement	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		FIRST	01/30/2015	01/30/2016	CZ	
11. Please provide FAA certificate and ratings you intend on applying for:						
PRIVATE PILOT LICENSE						
12. Please provide the location of the FAA Flight Standards District Office (FSDO) where you intend on making application. After receiving a valid certification letter, you will be required to have a face to face meeting with an FAA representative in order to apply for an FAA certificate.						
FSDO 19						
2895 SW 145 AVE SUITE 120, MIRAMAR, FL 33027						
13. Telephone Number (Optional)			14. Email Address (for questions regarding your application)			
(305) 255-8753			johndoe@mymail.com			
Applicant's Certification – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of my FAA certificate to me. I authorize the issuing CAA to provide all pertinent information to the FAA. I have also read and understand the Privacy Act statement that accompanies this form. Furthermore, I understand that the issuance of a valid verification letter does not guarantee the issuance of an FAA certificate or authorization.						
15. Signature of Applicant					Date (MM/DD/YYYY)	
					09/01/2015	
Attachments Must Include All of the Following:						
<input checked="" type="checkbox"/> Copy of Foreign License <input checked="" type="checkbox"/> Copy of Medical Certificate or Endorsement <input type="checkbox"/> Copy of English Transcription of License (if applicable)						

PLEASE MAIL COMPLETED FORM TO: Department of Transportation, Federal Aviation Administration, Airmen Certification Branch, AFS-760, PO Box 25082, Oklahoma City, OK 73125-0082 or fax the signed application package to 405-954-9922.