

EXPIRES 31 MAY 2019

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE THIRD CLASS

This certifies that (Full name and address):

PETER WINSTON HECHT
9170 Isles Cay Drive
Delray Beach FL 33446 USA


Date of Birth	Height	Weight	Hair	Eyes	Sex
██████	70	228	GRAY	BLUE	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations	Must wear corrective lenses.

Date of Examination	Examiner's Designation No.
05/15/2017	000019311

Examiner	Signature
	JOHN F SCIARRINO, MD

AIRMAN'S SIGNATURE	
	
Applicant ID: 1999119446	Control No.: 200007778221