

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE THIRD CLASS

This certifies that (Full name and address):

MICHAEL Edward COVIELLO
3810 NE 26th Avenue
Lighthouse Point FL 33064 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
12/12/1966	71	220	BROWN	BLUE	M

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

Limitations	None

Date of Examination	Examiner's Designation No.
02/15/2017	000019311

Examiner	Signature
	Typed Name
	JOHN F SCIARRINO, MD

AIRMAN'S SIGNATURE

Applicant ID: 2001744856	Control No.: 200007668501
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