

PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION

The information you submit on the FAA Form 8500-8 Application for an Airman Medical Certificate will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman medical certificate to you under Title 49, United States Code (USC) section 44703(a), if the Administrator finds, after investigation, that you are qualified for, and physically able to perform the duties related to the certificate for which you are applying. Therefore, in accordance with the Pilot's Bill of Rights, Public Law 112-153, the Administrator is providing you with the applicable written notifications related to this investigation of your qualifications for an airman medical certificate:

- The nature of the Administrator's investigation, which is precipitated by your submission of this application, is to determine whether you meet the medical standards for airman medical certification under Title 14, Code of Federal Regulations (CFR) part 67.
- Any response to an inquiry by a representative of the Administrator by you in connection with this investigation of your qualifications for an airman medical certificate may be used as evidence against you.
- A copy of the releasable portions of your airman medical file is available to you upon your written request addressed to:

Federal Aviation Administration
Aerospace Medical Certification Division
Medical Records Department, AAM-331
P.O. Box 25082
Oklahoma City, OK 73125-9867

You must complete the attached statement certifying your receipt of the Pilot's Bill of Rights Written Notification and give it to your Aviation Medical Examiner with your completed application for airman medical certification.

**CERTIFICATION OF RECEIPT OF
PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION**

[To accompany application for airman medical certification]

I hereby certify that I have received the Pilot's Bill of Rights Written Notification at the time of this application.

[Please print or type]

Name: Last First Middle

Date of Birth (MM/DD/YYYY)

Street Address of Record

City State Zip code

Optional: SS# or pseudo SS# _____

Signature of Applicant Date (MM/DD/YYYY)

Instructions: At the time your application for airman medical certification is transmitted (either by mail or electronically through the AMCS system), your aviation medical examiner (AME) will mail this certification to:

Federal Aviation Administration
Aerospace Medical Certification Division (AAM-300)
P.O. Box 25082
Oklahoma City, OK 73125-9867