



US Department
Of Transportation

**Federal Aviation
Administration**

Verification of Authenticity of Foreign License, Rating, and Medical Certification Supplemental Information and Instructions

Paperwork Reduction Act Statement:

The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 10 minutes to complete this form. The information collected is required to obtain a benefit and becomes part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0724. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

Privacy Act

The information on the accompanying form is solicited under authority of Title 14 of the Code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN), which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT/FAA 847. Those routine uses are: (a) To provide basic airmen certification and qualification information to the public upon request. (b) To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal.

**Instructions for Completing the Form for
Verification of Authenticity of Foreign License, Rating, and Medical Certification**

Basic Airman Information

Block 1. Name: Last, First, Middle. Enter all names that appear on your foreign pilot certificate.

Block 2. Date of Birth: Enter eight digits. Use numeric characters, i.e., 07-09-1940. DOB is the same as it appears on the foreign license and medical certificate.

Block 3. Place of Birth.: Enter the name of the city and country where you were born.

Block 4. Address: Enter the address you want your copy of the verification letter mailed to.

Block 5. City, State, Zip code (Country if applicable)

Block 6. Citizenship: Enter the country where you are a citizen.

Certificate or Rating Applied for on Basis of:

Block 7a. Country: Enter name of ICAO country that issued your license.

Block 7b. Grade of License: Enter the grade of license issued, i.e., private pilot, commercial pilot, etc.

Block 7c. Number: Enter the certificate number that appears on your license.

Block 7d. Ratings: Enter all ratings that appear on your license.

Block 8. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license? Check yes or no.

Block 9. Do you hold a Current Foreign Medical Certificate or Endorsement? Check yes or no.

Block 9a. Class of certificate: Enter the class of the foreign medical certificate or endorsement.

Block 9b. Date issued: Enter the date the foreign medical certificate or endorsement was issued.

Block 9c. Date expired: Enter the expiration date of the foreign medical certificate or endorsement.

Block 9d. Name of Examiner: Enter the name of person as shown on foreign medical certificate or endorsement.

Block 10. Please provide the U.S. certificate and rating you will be applying for.

Block 11. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application. Enter the location of the FSDO from the list provided so your verification can be provided to that FSDO. Please **DO NOT** provide location of flight school, employer or Airmen Certification Branch, AFS-760.

Signature of Applicant: Sign your full name.

EMAIL Address if applicable.

Telephone number where you can be reached if applicable.

Enter the date you sign the Verification of Authenticity of Foreign License, Rating, and Medical Certification form.

Attachments: Please include a copy of your foreign pilot license and medical license or endorsement. Include copies of English transcription of license, if applicable.



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

Basic Airman Information

1. Name as it appears on your foreign license. <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	2. Date of Birth <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div>	3. Place of Birth
4. Address you want your copy of the verification letter mailed to.		
5. City, State, Zip Code (Country if applicable)		6. Citizenship

Certificate or Rating Applied For on Basis of:

7. Foreign License Issued by	7a. Country	7b. Grade of License	7c. Number	
7d. Ratings (Enter all ratings that appear on your foreign license)				
8. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license? <div style="text-align: right; font-size: small;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>				
9. Do you hold a Current Foreign Medical Certificate or Endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/>	9a. Class of Certificate	9b. Date Issued	9c. Date Expired	9d. Name of Examiner
10. Please provide the U.S. certificate and rating you will be applying for:				
11. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application. (Select FAA FSDO from list provided.)				
Telephone number where you can be reached		EMAIL Address		
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.				
Signature of Applicant			Date	
Attachments Must Include All of the Following: <input type="checkbox"/> Copy of Foreign License <input type="checkbox"/> Copy of Medical License 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.