

AFFIX  
FIRST CLASS  
POSTAGE

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION  
AIRMEN CERTIFICATION BRANCH (AFS-760)  
PO BOX 25082  
OKLAHOMA CITY OK 73125-0082

**CHANGE OF ADDRESS NOTIFICATION  
(AIRMEN CERTIFICATE HOLDER)**

PRINT OR TYPE

DATE OF BIRTH

Mo. Day Yr.

Last Name

First Name, Middle Initial

Certificate Number(s)

No. and Street, Apt., Suite, P.O. Box or R.D. No.

City

State

Zip Code

SIGNATURE (DO NOT Print or Type)

Date

**PRIVACY ACT:** This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) are optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airmen qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suites; to provide data for the Comprehensive Airmen Information System.

*(fold)*

*(fold)*

AFFIX  
FIRST CLASS  
POSTAGE IF  
ACKNOWLEDGEMENT  
REQUESTED

(AIRMAN'S ADDRESS)

YOUR CHANGE OF ADDRESS IS ACKNOWLEDGED  
BY THE AIRMEN CERTIFICATION BRANCH (AFS-760)  
OKLAHOMA CITY, OKLAHOMA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If acknowledgment is requested, affix postage, self-address, and seal.