

APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED KNOWLEDGE TEST REPORT (S)

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 suits; to provide data for the Comprehensive Airmen Information System.

Type of Test	Location Test Was Taken	Date of Knowledge Test

Complete name in which Test was issued: _____
(First) (Middle) (Last)

Present mailing address: _____ Physical address: _____
(If applicable)

Email Address: _____

(If address is a PO Box, Rural Route, General Delivery, or Star Route, please provide physical address, directions or map for locating your residence.)

Date and place of birth: _____
(Date) (Place)

Social Security Number: _____

I enclose check money order in the amount of \$_____.

_____ (Date) _____ (Signature)

The fee for each replacement knowledge test report is \$1. Check or money order for total fees (payable to the FAA) must accompany request.

Please mail this request to:
 Federal Aviation Administration
 Airmen Certification Branch, AFS-760
 P O Box 25082
 Oklahoma City, OK 73125-0082