



**NATIONAL TRANSPORTATION SAFETY BOARD**

Office of Administrative Law Judges  
490 L'Enfant Plaza East, SW, Room 4704  
Washington, DC 20594

Telephone: 202-314-6150; Toll Free: 1-800-854-8758; Facsimile: 202-314-6158

PETITION OF

\_\_\_\_\_,  
for review of the denial by the Administrator of the  
Federal Aviation Administration of the issuance of  
an airman medical certificate.

**PETITION FOR REVIEW**

Petitioner hereby requests that the National Transportation Safety Board (NTSB) review the Federal Aviation Administration's (FAA) final denial of medical certification under 49 U.S.C. § 44703(d). A copy of the FAA's final denial letter is enclosed. *(Note: The FAA's final denial letter specifically states that you may request an NTSB review).*

Respectfully submitted,

Signature: \_\_\_\_\_  
Typed or Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that I mailed the **Original and three (3) copies** of the foregoing Petition for Review to the National Transportation Board, Office of Administrative Law Judges, 490 L'Enfant Plaza East, SW, Room 4704, Washington, DC 20594.

Check all that apply:     certified mail     fax     overnight mail

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Signature

**ORIGINAL & THREE (3) COPIES W/COPY OF FINAL DENIAL LTR – NTSB JUDGES OFFICE  
COPY – YOUR RECORDS**