



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Administrative Law Judges

490 L'Enfant Plaza East, SW

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: _____
Address: _____
Telephone: _____
Facsimile: _____

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, I mailed the **Original and three (3) copies** of the foregoing Petition for Review to the National Transportation Safety Board, Office of Administrative Law Judges, 490 L'Enfant Plaza East, SW, Washington, DC 20594.

Check all that apply: certified mail fax overnight mail

Typed or Printed Name

Signature

ORIGINAL & THREE (3) COPIES – NTSB JUDGES OFFICE

COPY – FAA ATTORNEY

COPY – YOUR RECORDS