



Verification of Authenticity of Foreign License and Medical Certification

Section I. Basic Airman Information

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|--|--|---------------------------|
| 1. Name (as it appears on your foreign license) | | |
| Last Cognome | First Nome | Middle (ev. secondo nome) |
| 2. Date of Birth Month February | Day 1 | Year 1967 |
| 3. Country & City of Birth Switzerland - Lugano | | City and State (US Only) |
| 4. Country of Citizenship Switzerland | | |
| 5. Please send my verification letter to me by (select one): <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail | | |
| 5a. Email address | indirizzo.personale@gmail.com | |
| 5b. Mailing Address | Via Aeroporto 14 | |
| 5c. City, State, Postal Code, Country | Agno, Ticino, 6982, Switzerland | |

Section II. License and Medical Information

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|---|---|
| 6. Foreign License Country Switzerland | 7. Foreign License Number CH.FCL.12345 |
| 8. Foreign License Level <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport Pilot <input type="checkbox"/> Other _____ | |
| 9. Foreign License Ratings (Pilots must have at least one rating with the ability to operate as Pilot in Command.) Private ASEL | |
| 10. Is the foreign license under an order of revocation or suspension? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 11. Do you have a current medical certificate? <input checked="" type="checkbox"/> Yes (complete 11a and 11b) <input type="checkbox"/> No (continue to item 12) | |
| 11a. Country of Medical Certificate <input type="checkbox"/> United States <input checked="" type="checkbox"/> Other Switzerland | 11b. Expiration Date mm/dd/yyyy |
| 12. What type of FAA Certificate or Authorization will be requested? <input type="checkbox"/> Commercial Pilot (§61.123(h)) <input type="checkbox"/> Airline Transport Pilot (§61.153(d)(3)) <input checked="" type="checkbox"/> Private Pilot (§61.75) <input type="checkbox"/> Special Purpose Flight Engineer / Flight Navigator (§63.23 or §63.42) <input type="checkbox"/> Special Purpose Pilot Authorization (§61.77) <input type="checkbox"/> Other _____ | |

Section III. Additional Requirements

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| 13. You will be required to have a face to face meeting with an FAA representative in order to apply for an FAA Certificate. Which FAA Flight Standards District Office (FSDO) will you be working with to obtain a temporary airman certificate or authorization? FS FSDO 59 (New York City) | |
| 14. Applicant's Certification – I certify that all statements and answers provided by me on this application are complete and true to the best of my knowledge and that they are to be considered as part of the basis for issuance of an FAA certificate. I authorize the issuing CAA to provide all pertinent information to the FAA. I understand the issuance of a valid verification letter does not guarantee the issuance of an FAA certificate or authorization. I have read and understand the Privacy Act statement that accompanies this form. Signature of Applicant x Firma Date (MM/DD/YYYY) mm/dd/yyyy | |

Please attach a copy of the foreign license and medical certificate. Please also include an English transcription of the license (if applicable).
PLEASE MAIL COMPLETED FORM TO: Department of Transportation, Federal Aviation Administration, Airmen Certification Branch, PO Box 25504, Oklahoma City, OK 73125-0082 or email the signed application package to fv3@faa.gov

⇒ Print, Sign and Scan.