CERTIFICATE OF TRUE COPY

BY CERTIFY that the attached is a true copy of the complete airman file pertaining to the Hanjoor, date of birth August 30, 1972. Supporting documents are on file in the Airmen ion Branch, Federal Aviation Administration, and I am the legal custodian thereof.

Signed and dated at Oklahoma City, Oklahoma

this 25th day of April, 2002

Me McGary

Supervisor, Certification Section C

(Title)

I HEREBY CERTIFY that Mae McGary

ned the ping certificate is now, and was, at the time of signing Supervisor, Certification C, the least of the aforesaid records, and that full faith and credit should be given this te as suc



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IN WITNESS WHEREOF, I have hereunto subscribed my name and caused the seal of the U.S. Department of Transportation to be affixed

this 25th day of April, 2002

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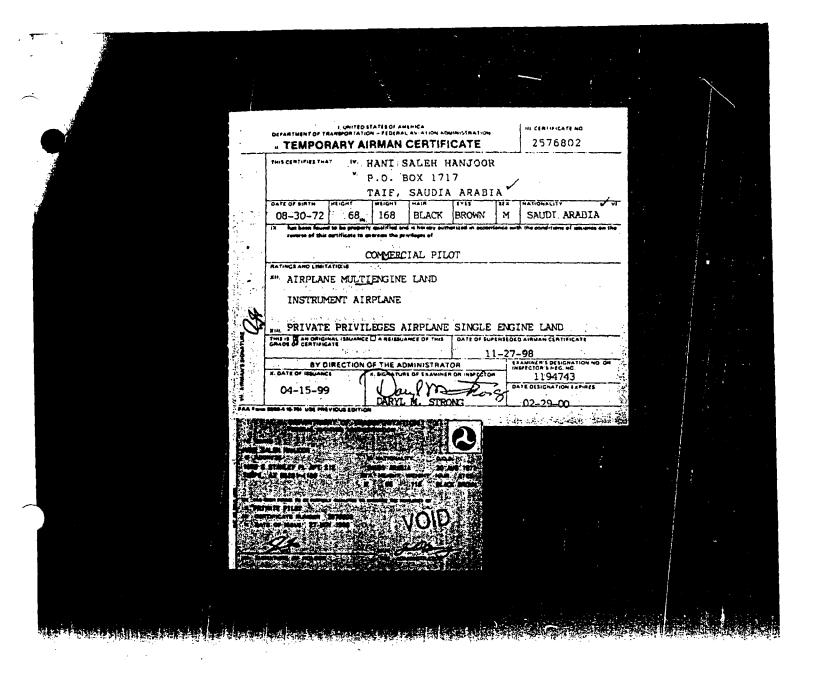
(Signature)

Manager, Airmen Certification Branch

(Title)

Civil Aviation Registry

U.S. Department of Transportation



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XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration, it becomes void—

- 1. Upon the receipt of a certificate of greater duration to replace it;
- 2. Upon a finding by the FAA that an error has been made in its issuance;
- Upon a finding by the FAA that it was issued illegally or as the result of fraud or misrepresentation;
- 4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
- 5. In any case, at the expiration of 120 days from date of issuance.

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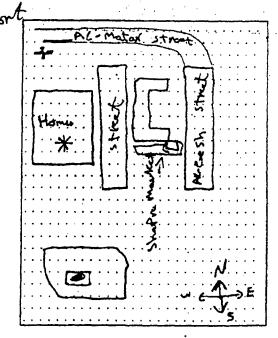
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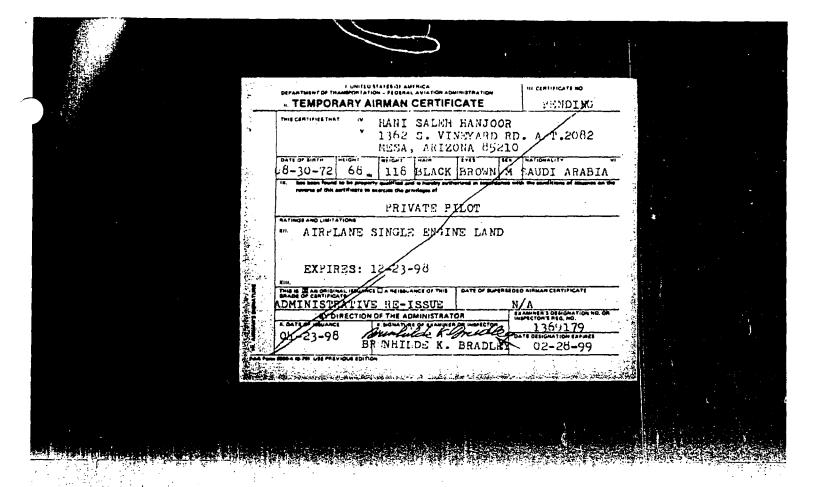
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AVIATION BUSINESS SERVICES Computer Assisted Testing Service 1-800-947-4228

Federal Aviation Administration Airman Computer Test Report

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AIRMAN CERTIFICATION NOTIFICATION - REQUEST FOR INFORMATION

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	MR HANI SALEH HANJOOR 1362 S VINEYARD APT 2080 MESA AZ 85210-8967	DOT Federal Aviation Administration Airmen Certification Branch, AFS760 Post Office Box 25082 Oklahoma City, OK 73125-4940
	MAN CONTRACTOR OF THE STATE OF	CERT: #2576802
	n response to your request, please note paragraph(s) checked:	
□ 1.	To reflect current information on your certificate(s), please com	plets, sign, and return the enclosed application.
□1	The foo for a duplicate airman certificate is \$2 per certificate. Recurrency or be in the form of an international money order or a check or money order for \$ payable to the U.S. Treasury.	draft drawn on a United States bank. Upon receipt of your
□ 1	The enclosed temporary certificate, valid for 120 days, may be u	sed pending receipt of your permanent certificate.
	Your algusture is required to complete your request (a printed/ and return it to this office.	fax signature is not acceptable). Please sign on the line below
s.	For reissuance of a certificate to reflect a name change, submit a document verifying change. If you are unable to provide document mame change document. Upon receipt of the required informatic	entation, please complete, sign and have notarized the enclosed
	Please provide the following information to reflect a nationality document, date of change, and name and location of court	change: petition number which appears on the naturalization
□ 7.	For proper identification, the following is required: full name, deducte of issuance on temporary airman certificate if permanent co	ate of birth, social security number and/or certificate number, rrificate has not been issued.
୕□∙	Contact an FAA Inspector at any of the offices shown on the encratings, requirements, regulations, etc. (all applications for cert Examiner, as applicable.)	losed list for further infurmation regarding your certificate(s), fication must be processed through an FAA Inspector and/or
□ 9.	Your address has been updated in our records as of	
☐ 10.	Youreartificate is being processed and will be mailed	as soon as possible.
□ 11.	A refund of S will be made by the Regional Disbursing Off	lee; Kansas City, Missonri.
□ 12.	A post office box is not acceptable as a residence address. A resi office box-preferred mailing address, you may furnish both. If y Route, or Star Route, you must provide directions, or a diagram, address will be applated when we receive this information.	our residence address is listed as General Delivery, Rural
⊠ 13.	Roturn this letter with your reply and/or remittance for proper i	dentification.
⊠ 14.	Remarks. Enclosed is your private pilot airman certificate. Please return t	he incorrect certificate. Thank you,

AC 7000 0000 41 (1009)

REISSUE CERTIFICATE DUE TO NON-RECEIPT

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NAME: Hanjoor, Hani Saleh	
SSN: 999-61-1533	,
CERTIFICATE NUMBER: 2576802	
TYPE OF CERTIFICATE: PRIVATE PILOT	
SPECIAL MAIL TO:	
* Reconstructed File sent - cent issued 5-2	8-98
REQUEST BY PHONE FROM AIRMAN:	
FROM D.O	
PERSONAL VISIT:	
DATE:: September 14, 1998	
BY: Mary Stacey	<u>.</u>

DEPARTMENT OF TRANSPORTATION - FIDERAL AVIATION ACMINISTRATION

TEMPORARY AIRMAN CERTIFICATE

PRINCE CENTRAL TOWN - 1362 S. VINEYARD RD. APT. 2080

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AVIATION BUSINESS SERVICES Computer Assisted Testing Service 1-800-947-4228

Federal Aviation Administration Airman Computer Test Report

EXAM TITLE: Private Pile	ot-Airplane (PAR	:)		
NAME: HARJOOR, HANI S ED NOMBER: 083072. DATE: 02/18/98	TAKE: 1 SCORE: 97	GRADE: Pass		
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NOTE PRESENT THIS FORM UPON APPLICATION FOR REEXAMINTION NOTICE OF DISAPPROVAL OF APPLICATION NAME AND ADDRESS OF APPLICANT CERTIFICATE OR RATING HANI SALEH HANJOOR 1362 S. VINEYARD RD. APT. 2012
MESA, ARIZONA 85210
On the date shown, you failed the examination indicated below PRIVATE STLOT ASEL PLIGHT DOTAL MPHACTICAL AIRCRAFT USED (Make and Model) PLT. TIME HECOHDED IN LOGBOOK 10 CESSNA-172 UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE A/OIV TASK A & B A/O X TASK B
A/C VI TASK C (FIRST DISACTROVAL)
A/O VII TASK VOR INTERCEPTION OF RADIALS A/O IX TASK D COORDINATED TURNS TO HEADINGS BRUNHILDE K. BRADLEY 1369179/6 04-16-98 FAA Form 8080-5 (44) 17275-472

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DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF TRUE COPY

I HEREBY CERTIFY that the attached is a true copy of the original

medical record of HANI SALEH HANJOOR dating from August 20, 1996,

on file in the Aerospace Medical Certification Division and that I am the legal custodian thereof.

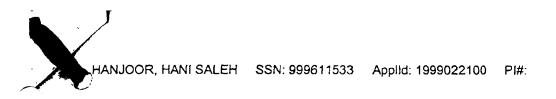
Form LOT F 2100

	Signed an	id dated at	Oklahoma C	ity, Oklahoma
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		-)err	SI Re	
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I HEREBY CERTIFY that	JERRY	K BOW	EN	
signed the foregoing certificate is legal custodian of the aforesaid rec		, at the tir	ne of signing	5
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d Eye or vision trouble, except [] j Küney stone or [] p Suicide attempt [] u Admission to hospital [] e Hay fever or altergy [] k Diabetes [] q Motion sickness requiring [] x Other illness, or [] [Asthma or lung diseases [] I Neurological disorders; epilepay, seizures, stroke, paralysis, etc. [] Conviction and/or Administrative Action History V History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug: or (2) history of any conviction(s) involving driving while intoxicated by, which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilisation program. Non-traffic conviction(s) (misdemeanors or felonies) Sexplanations. Non-traffic conviction(s) (misdemeanors or felonies) Sexplanations. Java Street City Si Zip Country Type Reason Date: EXEMPTION MEDICAL EXAMINATION 1. Height (inches) 22. Weight (lbs) 23. Statement of Demonstrated Ability (SODA) 2. Applicant's National Driver Register and Certifying Declarations: Date: EXEMPTION MEDICAL EXAMINATION 2. Head, Face, Neck, and Scalp Islacon Abnorm / Norm Check Each Item in Appropriate Column Abnorm / Norm Check Each Item in Appropriate Column Abnorm / Norm Check Each Item in Appropriate Column Abnorm / Norm Xi Abno	-		ក្នុ នេ	tomach	, liver, or	_	o A	icohol depe	ndence or abuse	_	t Rejectio	n for life or	_
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Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.). (CO-GEN) no comment Significant Medical History []Yes [X]No Abnormal Physical Findings []Yes [X]No 61. Applicant's Name 62. Has been Issued — []Med. Cert. []Med. and Student Pilot Cert. HANJOOR, HANI SALEH []No Certificate Issued — Deferred for Further Evaluation []Has Been Denied — Letter of Denial Issued (Copy attached) 63. Disqualifying Defects (list by item number) 64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this Date of Examination Aviation Medical Examiner's Name Certificate/Form Nbr 04/07/1999 STAVROS,GEORGE E, 002576802 Street: 5801 E MAIN ST AME Serial Number: 09783	à.			78	72			[X]Nom	ral []A	bnormal			N		
(Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.): (CO-GEN) no comment Significant Medical History []Yes (X]No Abnormal Physical Findings []Yes [X]No 61. Applicant's Name 62. Has been Issued — []Med. Cert. []Med. and Student Pilot Cert. HANJOOR, HAN! SALEH []No Certificate Issued — Deferred for Further Evaluation []Has Been Denied — Letter of Denial Issued (Copy attached) 63. Disqualifying Defects (list by item number) 64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this Date of Examination Aviation Medical Examiner's Name Certificate/Form Nbr 04/07/1999 STAVROS.GEORGE E, 002576802 Street: 5801 E MAIN ST AME Serial Number: 09783	59	Other Tests (Siven												
61. Applicant's Name 62. Has been Issued — []Med. Cert. []Med. and Student Pilot Cert. HANJOOR, HANI SALEH []No Certificate Issued — Deferred for Further Evaluation []Has Been Denied — Letter of Denial Issued (Copy attached) 63. Disqualifying Defects (list by item number) 64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this Date of Examination Aviation Medical Examiner's Name Certificate/Form Nbr 04/07/1999 STAVROS, GEORGE E, 002576802 Street: 5801 E MAIN ST AME Serial Number: 09783	(co-			ts, ECGs, X-	-rays, etc.:	to this rep	ort before	: mailing	.).						
HANJOOR, HAN! SALEH I]No Certificate Issued – Deferred for Further Evaluation I]Has Been Denied – Letter of Denial Issued (Copy attached) 63. Disqualifying Defects (list by item number) 64. Medical Examiner's Declaration – I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this Date of Examination Aviation Medical Examiner's Name Certificate/Form Nbr D4/07/1999 STAVROS, GEORGE E, 002576802 Street: 5801 E MAIN ST AME Serial Number: 09783	Signi	ficant Medical	History	[]Ye	s (X)No				Abnan	nal Physica	l Findings		ŊΥ	es (X)No	
[]Has Been Denied — Letter of Denial Issued (Copy attached) 63. Disqualifying Defects (list by item number) 64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this Date of Examination Aviation Medical Examiner's Name Certificate/Form Nbr D4/07/1999 STAVROS,GEORGE E, 002576802 Street: 5801 E MAIN ST AME Serial Number: 09783	- •					62	. Has b	een Issu	ied –	[]Me	d. Cert.	[]Med. and	_		
63. Disqualifying Defects (list by item number) 64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this Date of Examination Aviation Medical Examiner's Name Certificate/Form Nbr D4/07/1999 STAVROS.GEORGE E, 002576802 Street: 5801 E MAIN ST AME Serial Number: 09783	HAN.	IOOR,HANI S	ALEH							[]No	Certificate	issued - D	eferred	for Further	Evaluation
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D4/07/1999 STAVROS,GEORGE E, 002576802 Street: 5801 E MAIN ST AME Serial Number: 09783	64. 1	Medical Exami	ner's Declaratio	on I hereby	certify tha	it I have p	ersonaliy	reviewe	the n	nedical histo	ory and pen	sonally exa	mined t	he applicant	t named on this
Street: 5801 E MAIN ST AME Serial Number: 09783	Date	of Examination	n Aviation	n Medical Ex	aminer's N	lame				Certifica	te/Form Nb	or .			
	04/07	/1999	STAVR	OS,GEORG	E E,					0025768	02				
City: MESA State: AZ Zip: 85205-0000 AME Telephone: 480-830-1040			Street	5801 F M	AIN ST						ΔΙ	ME Social N		00700	
			011001.	000	AII + O I						~	AIT OCHALL	iornoer:	09783	



[KHATCHER: 09/25/2001 7:24:50 AM] AMC-731 requesting certified copy, request is complete sending to scanning.

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Į,	7	.ppl. ID:				. Appl. for	: O	Airman	Med. Cert.	[] Airmar	n Med. and S	tudent Pilot C	ert.	
	s of med. Cert. Applied	[X]1st[]2r	nd[]3rd	3. Las	t: HAN	JOOR			First:	IANI		Middle: S	4. SSN: 999-	-63-7100
	dr.: 14605 N AIRPORT DR	#120			City	SCOTT	SDALE		St.: AZ	/ Cou.:	Zip: 85260	Tel.:	602-994-1961	
	DB: 08/30/1972	Citizei			7. Hair	Clr.: BLA	ÇK			8. Eye Cir.:	BROWN	9.	Sex: male	
	ype of Airman Certificate(s)	You Hold	f:			[] No	ne			[] Student		0 0	ther	
	ne Transport					_	C Spe			[] Flight Ins	structor	_	ecreational	
	nmercial					() File	ght Na	vigator		[] Flight En	gineer	(1 P)	rivate	
	Occupation: X								nployer: X	XXX				
	las Your FAA Airman Medic				_					[]Yes[X	•	If yes, give Da	ste:	
	Pilot Time (Civilian Only)		o Date:			Past 6 mon	ths:	20		FAA Med. Ap	•	08/01/1996	[X] No Prior	
.а.	Do You Currently Use Any	Meds. (P	rescrip	tion or No	onpresc	ription)?		[X]N	o[[Yes (if y	es, list medic	ation(s) used	below.)	Prev. Re	ported
b.	Do You Ever Use Near Vis	ion Conta	act Len:	s(es) Whi	ile Flyin	g?						i	[]Yes[X]No	
	Medical History - HAVE YO													
:	Answer "yes" or "no" for eve the explanation of the condi	ery conditi tion was r	ion liste reporte	ed below. d on a pre	In the E evious a	XPLANAT pplication to	or an a	oox belov n namin	v, you may edical cert	note "PREVI ficate and the	OUSLY REP ire has been	ORTED, NO (no change in	CHANGE" only your condition.	if
C	ondition	Yes	C	Condition		Ye	5	Condit	ion		Yes	Conditio	n	Yes
Fr	equent or severe headache	s []	g F	leart or v	ascular	0	п	n Mentai	disorders	of any sort;	Ð	r Military r	nedical	0
Di	zziness or fainting spell	0	h h	ligh or lov	poold w	0	п	Substa	ince depen	idence or faile	ed []	s Medical	rejection by	Ü
U	aconsciousness for any	П	is	Stomach,	liver, or	0	o	Alcoho	i depender	nce or abuse	0	t Rejectio	n for life or	ü
Ey	e or vision trouble, except	Ø	j K	(idney sta	ne or	0	p	Suicid	e attempt		0	u Admissi	on to hospital	D
Ha	ay fever or allergy	0	k C	Diabetes		۵	q	Motion	sickness r	equiring	0	x Other illr	ness, or	a
As	thma or lung diseases	Ø	1 N	leurologic	al disor	ders; epile	psy, se	izures, s	troke, para	lysis, etc.				0
Co	nviction and/or Administrati	ive Action	Histor	y										Yes
his	story of (1) any conviction(s story of any conviction(s) or ving privileges or which res	administr	ative ac	ction(s) in	volving	an offense	(s) whi	ch result	ed in the di					D
								our pros	,					
	on-traffic conviction(s) (misd	emeanor	s or felo	onies).										0
Ex	planations:													
,	/isits to Health Professional	Within L	ast 3 Ye	ears										
te	Name	Street			City		St	z	ip	Country	Туре	Re	ason	
50	Applicant's National Driver	-	and Ce	ertifying D	eclarati	ons:					Date:			
	RT OF MEDICAL EXAMINA		-1			-1 -1 0			(0004)					
	_ = -	Veight (lb I 18	15)		olSODA	nt of Demo	nstrate	d Ability	(SODA)			24. SOD	A Serial Numb	er
	Each Item in Appropriate C					norm / Nor	m (heck Fa	ach item in	Appropriate C	Column		Abnom	/ Norm
	lead, Face, Neck, and Scal					X			scular syste		JOJOI 1111		Abridin	
	lose	•				×			-					X
	Ginuses									viscera (inclu	-			X
						X			•	uding digital e	ixamination)			X
	Mouth and throat					X		10. Ski						×
	Ears, general (internal and e inder item 49)	external ca	anais; h	еалпд		Х				Not including p	elvic examin (Strength ar	•		_
E	Ear drums (Perforation)					х					(is religo of		X
ε	Eyes, general (Vision under	item 50 to				X	4	13. Spi		CI CAUCIIIIGG				×
(Ophthalmoscopic		54)						ne, other m	nusculoskeleta	al			
F	Pupils (Equality and reaction		54)			х	4	4. Ide		nusculoskeleta		e and		x x
		n)	54)			х	4	I4. Ide				e and		X
·				nt.		x x				nusculoskeleta		e and		x x x
(Ocular motility (Associated p			ıt,		х	4	15. Lyn	ntifying boo	nusculoskeleta Iy marks, scar	, tattoos (Siz			x x x
		parallel mo	ovemer			x x x	4	15. Lyn	ntifying boo	nusculoskeleta	, tattoos (Siz			x x x
	Ocular motility (Associated p	parallel mo	ovemer			x x	4	i5. Lyn i6. Nei	ntifying boo nphalics urologic (Te	nusculoskeleta Iy marks, scar	, tattoos (Siz	, senses,		x x x x
L	Ocular motility (Associated p	parallel mo	ovemer t exami	nation)		x x x	4	i5. Lyn i6. Nei	ntifying boo nphalics urologic (Te	nusculoskeleta ly marks, scar endon reflexes	, tattoos (Siz	, senses,		x x x

TES.Describe every abnormality in detail. Enter applicable item nbr before each comment.

A. Carrier	Conversationa	l Voice Tes	st at 6 feet	IXIP:	ss[]Fail	-	Record Audiometr	ic Speech	Discriminat	ion Score	
nng	00		Right Ear	P.47		,	CCCIG FLAGIOTIES	ic apeeci	Left Ear	011 30016	
eter	500	1000	2000	3000	4000		500	1000	2000	3000	4000
	20	15	5	10	10		20	15	5	10	10
0. Distant Vision			51.a. Near Visi	ion			51.b. Intern	nediate Vi	sion - 32 incl	nes	52. Color Vision
ight 20/ 20	Corrected to 20/	20	Right 20/ 20	Correct	ted to 20/	20	Right 20/	Co	rrected to 20) <i>/</i>	[X] Pass
efi 20/ 20	Corrected to 20/	20	Left 20/ 20	Correct	ed to 20/	20	Left 20/	Co	rrected to 20)/	[] Fail
oth 20/ 20	Corrected to 20/	0	Both 20/ 20	Correct	ed to 20/	0	Both 20/	Co	rrected to 20) /	
3. Field of Vision	54.	Heterophor	ia 20' (in prism	diopters)		Esop	noria Exop	horia	Right H	yperphoria	Left Hyperphoria
Normal[]Abriom	al					0	o		O		0
5. Blood Pressur	e		56. Pulse	ı	57. Uri	nalysis				58. EC	G (Date)
tting, mm	Systolic	Diastolic	(Resting)		(If abnor	mal, gi	ve results)	Album	in Sug	jar	
	114	78	76		[X]Norm	al []Ab	normal	N			
. Other Tests (Siven								-		
Comments or (Attach all co	h History and Find Insultation reports.	lings: AME ECGs, X-r	shall comment ays, etc. to this	on all "YES report befo	s" answers re mailing.	in the f	Medical History se	ection and	for abnorma	l findings of	the examination.
O-GEN) nothing	of significance.										
gnificant Medical	History	[]Yes	[X]No			A bnom	al Physical Findir	gs	ED)	es [X]No	
. Applicant's Na	ame			62. Has	been Issu	ed	[X]Med. Ce	rt. Med	. and Studer	nt Pilot Cert.	

63. Disqualifying Defects (list by item number)
 64. Medical Examiner's Declaration – I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this

Date of Examination 11/07/1996

HANJOOR, JANI SALEH

Aviation Medical Examiner's Name

MYERS,GERALD R.

Certificate/Form Nbr

EE2336939

Street: 10250 N 92ND ST STE 203

EC2330938

AME Serial Number: 13488

[]No Certificate Issued - Deferred for Further Evaluation []Has Been Denied -- Letter of Denial Issued (Copy attached)

City: SCOTTSDALE State: AZ Zip: 85258-0000 AME Telephone: 480-948-2740

Page #: 2

	1											
	96227669 A	ppi. ID: 1996	404199	1. Ap	opl. for:	[] Aim	nan Med. Cert	l. [] Airmar	n Med. and S	tudent Pilot Cer	rt.	
	s of med. Cert. Applied	[]1st(X)2nd[]3rd	3. La:	st: HANJOC	R		First:	INAL		Middle: S 4	I. SSN: 999-6	3-7100
5.	addr.: NAC			City: N/	AC .		St.: N	A / Cou.;	Zip: NAC	Tel.:		
6. [OOB: 08/30/1972	Citizenship:		7. Hair Cir.:	BLACK			8. Eye Cir.:	BLACK	9. S	Sex: male	
10.	Type of Airman Certificate(s)	You Hold:			[] None			[] Student		[] Oth	ner	
[] A	irline Transport				[] ATC S	pecialis	st	[] Flight Ins	structor	[] Red	creational	
gс	ommercial				[] Flight N	lavigat	or	[] Flight En	igineer	() Priv	vate	
11.	Occupation: X					12.	Employer.	xxxx				
13.	Has Your FAA Airman Medic	cal Certificate E	ver Been	Denied, Susp	pended, or	revoke	ed?	[]Yes[X	QNο	If yes, give Date	e:	
Tota	al Pilot Time (Civilian Only)	14. To Date	e: O	15. Past (6 months:	0	16. Last	FAA Med. Ap	p. Date:		(X) No Prior A	pp.
17.	a. Do You Currently Use Any	Meds. (Prescri	ption or N	onprescriptio	n)?		[X]No[]Yes (If	yes, list medic	ation(s) used	below.)	Prev. Rep	orted
										·	•	
17.8	o. Do You Ever Use Near Vis	ion Contact Ler	ns(es) Wh	tile Flying?						Th.	Yes[X]No	
18.	Medical History - HAVE YO	OU EVER IN YO	UR LIFE	BEEN DIAG	NOSED W	тн, н	AD, OR DO Y	OU PRESENT	TLY HAVE A	_		
	Answer "yes" or "no" for eve											:#
	the explanation of the condi											11
	Condition	Yes	Condition	1	Yes	Co	ndition		Yes	Condition		Yes
а	Frequent or severe headache	s () g	Heart or v	vascular	D	m Me	ental disorders	of any sort:	0	r Military m		ם
ь	Dizziness or fainting spell		High or la	w blood	0			ndence or faile	_		ejection by	0
	Unconsciousness for any	-	Stomach,		0		cohol depende		ה ה	t Rejection		ם
	Eye or vision trouble, except		Kidney st		0		icide attempt		n	="	n to hospital	0
	Hay fever or allergy	= -	Diabetes		и п	-	tion sickness	requiring	u 0	x Other illne	•	0 11
	Asthma or lung diseases	Ξ		ical disorders	. Anilansv		s, stroke, par		u	× 0016/11/16	.33, O	
	<u>-</u>		_		, cpilopsy.	JUILLI	a, sucka, par	417313, 616.				Q
	Conviction and/or Administrat		•									Yes
v i	History of (1) any conviction(s history of any conviction(s) or) involving drivir	ig while in	ntoxicated by,	while imp	aired b	y, or while und	ler the influenc	e of alcohol	or a drug; or (2)	: :	0
	driving privileges or which res	ulted in attendar	nce at an	educational of	or a rehabil	itation	program.	iemai, suspens	sion, cancena	allon, or revocat	aon or	
							. •					
w	Non-traffic conviction(s) (misd	emeanors or fel	onies).									0
1	Explanations:											
9.	Visits to Health Professional	i Within Last 3 Y	'ears									
9. ate		Within Last 3 Y Street	'ears	City	St		Zip	Country	Туре	Reas	son	
			'ears	City	St		Zip	Country	Туре	Reas	son	
		Street		·	St		Zip	Country	Type Date:	Reas	son	
ate 20.	e Name	Street Register and C		·	St		Zip	Country		Reas	son	
ate 20. REP	Name Applicant's National Driver ORT OF MEDICAL EXAMINA	Street Register and C	ertifying (Declarations:			ŕ	Country				r
ate 20. REP	Applicant's National Driver ORT OF MEDICAL EXAMINA Height (Inches) 22. V	Street Register and C	ertifying (23.	·			ŕ	Country			son Seriai Numbei	,
20. REP 21.	Applicant's National Driver ORT OF MEDICAL EXAMINA Height (Inches) 22. V	Street Register and CATION Weight (lbs)	ertifying (23.	Declarations: Statement of IbISODA	Demonstra	ated At	bility (SODA)	·	Date:		Serial Numbel	
20. REP 21.	Applicant's National Driver ORT OF MEDICAL EXAMINA Height (Inches) 22. V 69 dck Each Item in Appropriate C	Street Register and CATION Weight (lbs) 116	ertifying (23.	Declarations: Statement of IbISODA	Demonstra n / Norm	ated At	oility (SODA) k Each Item in	n Appropriate C	Date:			'Norm
20. REP 21. Chec 25.	Applicant's National Driver ORT OF MEDICAL EXAMINA Height (Inches) 22. V 69 fck Each Item in Appropriate C Head, Face, Neck, and Scal	Street Register and CATION Weight (lbs) 116	ertifying (23.	Declarations: Statement of IbISODA	Demonstra n / Norm X	Chec 37.	bility (SODA) k Each Item in Vascular syst	n Appropriate C	Date; Column		Serial Numbel	Norm
20. REP 21. Chec 25. 26.	Applicant's National Driver ORT OF MEDICAL EXAMINA Height (Inches) 22. V 69 1 ck Each Item in Appropriate C Head, Face, Neck, and Scal Nose	Street Register and CATION Weight (lbs) 116	ertifying (23.	Declarations: Statement of IbISODA	Demonstra n / Norm X X	Chec 37. 38.	k Each Item in Vascular syst Abdomen and	n Appropriate C ern d viscera (inclu	Date: Column ding hemia)		Serial Numbel	Norm X X
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20. REP 21. Chec 25. 26. 27. 28. 29.	Applicant's National Driver ORT OF MEDICAL EXAMINA Height (Inches) 22. V 69 1 ck Each Item in Appropriate C Head, Face, Neck, and Scal Nose Sinuses Mouth and throat Ears, general (internal and e under item 49)	Street Register and Contion Weight (ibs) 116 column p	ertifying (23. ;	Declarations: Statement of IbISODA	Demonstra 1 / Norm X X X X	Chec 37. 38. 39. 40.	k Each Item in Vascular syst Abdomen and Anus (Not inc Skin G-U system (I Upper and low	n Appropriate C ern d viscera (inclu duding digital e Not including p	Date: Column ding hemia) examination) nelvic examin	24. SODA	Serial Numbel	Norm X X X X X
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NOTES:Describe every abnormality in detail. Enter applicable item nor before each comment.

			atio	nal Voice T	est at 6 fe	et	(X)Pass	s()Fail		Record Aud	liometric :	Speech	Discrimina	tion Scare	
					Righ	it Ear							Left Ear		
			500	1000	20	00	3000	4000		50	00 1	000	2000	3000	4000
		.4			51.a. N	ear Visio	n			51.b.	Intermed	liate Vis	ion - 32 inc	hes	52. Color Vision
		13.1	Corrected to 20	/ 20	Right 20.	/ 20	Corrected	to 20/	20	Right 2	20/	Cor	rected to 2	/د	[X] Pass
		100 5	Corrected to 20		Left 20/	20	Corrected	1 to 20/	20	Left 20	0/	Cor	rected to 2	2/	[] Fail
			Corrected to 20		Both 20/	20	Corrected	to 20/	0	Both 2	20/	Cor	rected to 20	0/	
		lold of Vision	54.	Heteroph	oria 20° (in	prism di	opters)		Esop	noria	Exopho	na	Right h	lyperphori	a Left Hyperphori
	ر: سر	Normal (JAbnorm	al												
		Blood Pressur	8		56.	Pulse		57. Uri	nalysis					58. E	ECG (Date)
		ing, mm	Systolic	Diastolic	(Re	esting)		(If abno	rmal, g	ive results)		Alburmi	n Su	gar	
;			105	65				[X]Nom	nal []At	onormal	1	N			
ž	59.	Other Tests C	Biven								•				
	60.	Comments or (Attach all cor	n History and Fin Insultation report	ndings: AM s, ECGs, X	E shalf coi (-rays, etc.	mment or to this re	all "YES" a port before	answers mailing	in the	Medical His	itory secti	on and	for abnorma	al findings	of the examination.
	Sign	ificant Medical	History	[]Y	es [X]Na				Abnom	nal Physical	Findings		O'	Yes [X]No	0
	61.	Applicant's Na	ame			•	32. Has b	een Issu	ied –	[X]Me	ed. Cert.	[]Med.	and Stude	nt Pilot Ce	ert.
	HAN	JOOR,JANI SA	ALEH							[]No (Certificate	e Issued	l – Deferred	for Furth	er Evaluation
										[]Has	Been De	enied –	Letter of De	enial Issue	d (Copy attached)
	63.	Disqualifying I	Defects (list by i	tem numbe	r)										
	64.	Medical Exami	ner's Declaratio	n – I hereb	y certify th	at I have	personally	reviewed	the m	edical histor	ry and pe	rsonally	examined	the applica	ant named on this
	Date	of Examination	n Aviation	Medical &	kaminer's	Name				Certificate	e/Form N	br			
	08/20	0/1996	STEWA	RT-MORR	IS,MALCO	DLM,									
			Street:	8517 EAF	RHART R	D STE 28	80				,	ME Se	rial Number	1373	33
			City:	OAKLAN	D		State:	CA	Zip:	94621-0000) 4	ME Tel	ephone.	510-633	-7623

DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF TRUE COPY

I HEREBY CERTIFY that the attached is a true copy of the original

Signed and dated at Oklahoma City, Oklahoma

medical record of HANI SALEH HANJOOR dated April 7, 1999,

on file in the Aeromedical Certification Division and that I am the legal custodian thereof.

,	this	24th	_ day of _	September	,20	01
	by .	JOYCE Y		·		
			cal Certificati		Section ————	
		Ci	vil Aeromedi			
	*****			********	******	****
I HEREBY CERTIFY that		JOYCE Y	OUELL			
who signed the foregoing certificate is now the legal custodian of the aforesaid records,		was, at the tir	ne of signir	ng		
and that full faith and credit should be given	n his c	ertificate as	such.			
- 11	IN W	TTNESS WHE	REOF, I have	hereunto subs	scribed	
enda Smith mc-731	my n	ame and caused	the seal of th	e Department	of	
mc-731	Trans	sportation to be	affixed this	2	4th	
	day o	f	September	<u> </u>	,20	01
pages V/C	at _	Oklahoma Cit	ry, Oklaboma			
N 10		WARREN S.	SILBERMAI	N, D.O., M.P.I	ł.	
VIC			(Signat	ure)		
		Manager, Aer	omedical Cer (Title		sion	
		Civil Aerome				
			Department of	ransportation		

Form DOT F 2100.1 (9-69)



FROM:

U.S. DEPARTMENT OF TRANSPORATION FEDERAL AVIATION ADMINISTRATION MIKE MONRONEY AERONAUTICAL CENTER CIVIL AVIATION SECURITY DIVISION, AMC-700 P.O. BOX 25082 OKLAHOMA CITY, OK 73125

PRECEDE	NCE:	SECURI	TY CLASSIF	TICATIO	N:
Action		Class _			
Info		Unclas			
FOR INF	ORMATION	N CALL: Special	i Agent Brenda L.	Smith	
Phone Num	ber: (405) 954-	7628 Fax:	(405) 954 1 989		
***	**				
Date: 91	24/01				
то:Ком	+ Hatche	: Y			2001 قرة
Fax #:	44300			SICE OF	24 0
Per our conve	ersation, at	tached is the	following in	ਪ ਿਲਾ iatio	_
Please	provid	eablu	eribbon	ass	00 <i>\</i>
Please If you need furth	er assistance,	SS, ble. please do not he	esitate to call or	fax!	
than	uks s	o much!	Brende	Page 1 of	<u> </u>

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U.S. Department of Transporation

Federal Aviation Administration

Memorandum

Civil Aviation Security Division
Agent Smith
P.O. Box 25810
Oklahoma City, OK 73125-0810

Subject

<u>ACTION</u>: Request for Certified Records. of Airman Documents

Date: September 24, 2001

From

Manager, Compliance and Enforcement Branch, AMC-730 Reply to Attn. of 405) 954-7628

Fax: (405) 954-4989

Manager, Medical Certification Branch, AAM-330

Please forward to this office a certified copy of the complete file concerning the airman listed below. A computer printout of the airman data is attached for reference.

NAME

SSN

Date of Birth

Hani Saleh HANJOOR

999611533

08/30/1972

If there is no airmen information available, please prepare a diligent search. <u>Please expedite this request, these documents are needed as soon as possible.</u> We appreciate your assistance.

Mark W. Sweeney