

# CERTIFICATE OF TRUE COPY

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

Signed and dated at Oklahoma City, Oklahoma

this 25th day of April, 2002

*Mae McGary*  
 by Mae McGary

Supervisor, Certification Section C  
 (Title)

I HEREBY CERTIFY that Mae McGary

when the foregoing certificate is now, and was, at the time of signing Supervisor, Certification  
 Section C, the legal custodian of the aforesaid records, and that full faith and credit should be given this  
 certificate as such.

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

at Oklahoma City, Oklahoma

*Harold K. Everett*  
 Harold K. Everett  
 (Signature)

Manager, Airmen Certification Branch

(Title)

Civil Aviation Registry

U. S. Department of Transportation

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
**TEMPORARY AIRMAN CERTIFICATE**

HI CERTIFICATE NO  
2576802

THIS CERTIFIES THAT IV. HANI SALEH HANJOOR  
P.O. BOX 1717  
TAIF, SAUDIA ARABIA ✓

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY
08-30-72	68	168	BLACK	BROWN	M	SAUDI ARABIA ✓ VI

(X) Has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

COMMERCIAL PILOT

RATINGS AND LIMITATIONS

III. AIRPLANE MULTISENSE LAND  
INSTRUMENT AIRPLANE

III. PRIVATE PRIVILEGES AIRPLANE SINGLE ENGINE LAND

THIS IS AN ORIGINAL ISSUANCE ☐ A REISSUANCE OF THIS DATE OF SUPERSEDED AIRMAN CERTIFICATE

BY DIRECTION OF THE ADMINISTRATOR

A. DATE OF ISSUANCE

04-15-99

B. SIGNATURE OF EXAMINER OR INSPECTOR

DARYL M. STRONG

EXAMINER'S DESIGNATION NO OR INSPECTOR'S REG. NO.

1194743

DATE DESIGNATION EXPIRES

02-29-00

FAA Form 8700-1 (2-79) USE PREVIOUS EDITION

**VOID**

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION  
HANI SALEH HANJOOR  
P.O. BOX 1717  
TAIF, SAUDIA ARABIA  
08-30-72 68 168 BLACK BROWN M SAUDI ARABIA  
04-15-99 1194743 02-29-00  
DARYL M. STRONG

NCTA000010924

3611 122

#### 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;
3. 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.

HARRY EACON HANCOCK	
RTE RATINGS	
PRIVATE PILOT	
AIRPLANE SINGLE ENGINE LAND INSTRUMENT AIRPLANE	
RTE LIMITATIONS	

TYPE OR PRINT ALL ENTRIES IN INK

MAP  
Form Approved OMB No 2120-0021

# Airman Certificate and/or Rating Application

<b>I. Application Information</b> <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Instrument <input type="checkbox"/> Additional Aircraft Rating <input type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Flight Instructor Initial _____ Renewal _____ Reinstatement _____ <input type="checkbox"/> Additional Instructor Rating _____ <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Reexamination <input type="checkbox"/> Reissuance of _____ Certificate <input type="checkbox"/> Other _____																																																																																																															
<b>A. Name (Last, First, Middle)</b> HAJI TOOR HAJI SALEH		<b>B. SSN (US Only)</b> None		<b>C. Date of Birth</b> Mo Day Year 08-30-72		<b>D. Place of Birth</b> TAIF, SAUDI ARABIA																																																																																																									
<b>E. Address (Please See Instructions Before Completing)</b> P.O. BOX 1717 City, State, Zip Code TAIF, SAUDI ARABIA		<b>F. Nationality (Citizenship)</b> <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other SAUDI ARABIA		<b>G. Do you read, speak and understand English?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>H. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																																																																																																									
<b>I. Do you now hold, or have you ever held an FAA Pilot Certificate?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>J. Height</b> 6' 8"		<b>K. Weight</b> 162 lb		<b>L. Hair</b> BLACK																																																																																																									
<b>M. Class of Certificate</b> 151 CLASS		<b>N. Grade Pilot Certificate</b> PRIVATE PILOT		<b>O. Certificate Number</b> 2576802		<b>P. Date Issued</b> 11-27-98																																																																																																									
<b>Q. Do you hold a Medical Certificate?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>R. Date Issued</b> 04-07-99		<b>S. Name of Examiner</b> GEORGE STAVICE, M.D.		<b>T. Date of Final Examination</b> 11-27-98																																																																																																									
<b>U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>V. Signature</b> [Signature]		<b>W. Date</b> 11-27-98		<b>X. Date</b> 11-27-98																																																																																																									
<b>W. Glider or Free Balloon Pilot's only:</b>		<b>Medical Statement:</b> I have no known physical defect which makes me unable to pilot a glider or free balloon.		<b>Signature</b> [Signature]		<b>Date</b> 11-27-98																																																																																																									
<b>II. Certificate or Rating Applied For on Basis of:</b>																																																																																																															
<b>A. Completion of Required Test</b> 1. Aircraft to be used (if flight test required): PA23-150 2. Total time in this aircraft: 27 hours 3. Pilot in command: 14.8 hours		<b>B. Military Competence Obtained In</b> 1. Service: _____ 2. Date Rated: _____ 3. Rank or Grade and Service Number: _____ 4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft: _____		<b>C. Graduate of Approved Course</b> 1. Name and Location of Training Agency or Training Center: _____ 2. Curriculum From Which Graduated: _____ 3. Date: _____		<b>D. Holder of Foreign License Issued By</b> 1. Country: _____ 2. Grade of License: _____ 3. Number: _____ 4. Ratings: _____																																																																																																									
<b>E. Completion of Air Carrier's Approved Training Program</b> 1. Name of Air Carrier: _____ 2. Date: _____ 3. Which Certificate: <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition		<b>III. Record of Pilot time (Do not write in the shaded areas.)</b>																																																																																																													
<table border="1"> <thead> <tr> <th>Task</th> <th>Instruction Received</th> <th>Solo</th> <th>Pilot in Command</th> <th>Second in Command</th> <th>Cross Country Instruction Received</th> <th>Cross Country Solo</th> <th>Cross Country Pilot in Command</th> <th>Instrument</th> <th>Night Instructor Received</th> <th>Night Pilot in Command</th> <th>Night Take-off/Landing</th> <th>Number of Flights</th> <th>Number of Approaches</th> <th>Number of Ground Landings</th> <th>Number of Flights</th> </tr> </thead> <tbody> <tr> <td>Airplane</td> <td>248</td> <td>172</td> <td>62</td> <td>142</td> <td>-</td> <td>26</td> <td>269</td> <td>73</td> <td>86</td> <td>19</td> <td>125</td> <td>58</td> <td>116</td> <td></td> <td></td> </tr> <tr> <td>Helicopter</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Glider</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lighter Than Air</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Training Device</td> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>																Task	Instruction Received	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instructor Received	Night Pilot in Command	Night Take-off/Landing	Number of Flights	Number of Approaches	Number of Ground Landings	Number of Flights	Airplane	248	172	62	142	-	26	269	73	86	19	125	58	116			Helicopter																Glider																Lighter Than Air																Training Device	11							11							
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<b>IV. Have you failed a test for this certificate or rating?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Within the Past 30 days?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																															
<b>V. Applicant's Certification</b> — I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.																																																																																																															
<b>Signature of Applicant</b> [Signature] <b>Date</b> 4-13-99																																																																																																															
<b>FAA Use Only</b>																																																																																																															
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Instructor's Recommendation				
I have personally instructed the applicant and consider this person ready to take the test.				
Date 4-13-99	Instructor's Signature <i>A. Hassan</i>	Certificate No. 172705472	Certificate Expires 3/00	
Air Agency's Recommendation				
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.				
Date	Agency Name and Number	Official's Signature		
		Title		
Designated Examiner's Report				
<input type="checkbox"/> Student Pilot Certificate issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> Approved—Temporary Certificate Issued (Copy Attached)  <input type="checkbox"/> Disapproved—Disapproval Notice Issued (Copy Attached)                 </div>				
Location of Test (Facility, City, State)		Duration of Test		
CHANDLER MUNICIPAL AIRPORT, CHANDLER, AZ		Ground 2.9	Simulator -0-	Flight 1.7
Certificate or Rating for Which Tested COMMERCIAL PILOT AMEL		Type(s) of Aircraft Used PIPER pa 23-150	Registration No.(s) N3056P	
Date 04-15-99	Examiner's Signature <i>Daryl M. Strong</i>	Certificate No. 1194743	Designation No. WP-07-48	Designation Expires 02-29-00
Evaluator's Record For Airline Transport Certificate/Rating Only				
	Inspector	Examiner	Signature	
Oral	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>		
Inspector's Report				
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the result indicated below.				
<input type="checkbox"/> Approved—Temporary Certificate Issued <input type="checkbox"/> Disapproved—Disapproval Notice Issued				
Location of Test (Facility, City, State)		Duration of Test		
		Ground	Simulator	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Student Pilot Certificate issued  <input checked="" type="checkbox"/> Examiner's Recommendation  <input checked="" type="checkbox"/> ACCEPTED   <input type="checkbox"/> REJECTED  <input type="checkbox"/> Release or Exchange of Pilot Certificate  <input type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130                         </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate or Rating Based on  <input type="checkbox"/> Military Competence  <input type="checkbox"/> Foreign License  <input type="checkbox"/> Approved Course Graduate  <input type="checkbox"/> Other Approved FAA Qualification Criteria  <input type="checkbox"/> Certificate Issued  <input type="checkbox"/> Certificate Denied                         </div> <div style="width: 30%;"> <input type="checkbox"/> Instructor   <input type="checkbox"/> Flight   <input type="checkbox"/> Ground  <input type="checkbox"/> Renewal   <input type="checkbox"/> Approved  <input type="checkbox"/> Reinstatement   <input type="checkbox"/> Disapproved                      Instructor Renewal Based on  <input type="checkbox"/> Activity   <input type="checkbox"/> Training Course  <input type="checkbox"/> Acquaintance   <input type="checkbox"/> Test                         </div> </div>				
Training Course (FIRC) Name		Graduation Certificate No.		Date
Date	Inspector's Signature			FAA District Office 4-672
Attachments:				
<input type="checkbox"/> Student Pilot Certificate (copy) <input checked="" type="checkbox"/> Airmans Identification (ID) <input checked="" type="checkbox"/> Report of Written Examination <u>FLORIDA DRIVERS LICENSE</u> <input checked="" type="checkbox"/> Temporary Pilot Certificate (copy)     Form of ID <div style="margin-left: 40px;">                         H526-337-72-310-0                          Number                          08-30-99                          Expiration Date                     </div> <div style="margin-left: 400px;"> <input type="checkbox"/> Notice of Disapproval  <input checked="" type="checkbox"/> Superseded Pilot Certificate  <input type="checkbox"/> Answer Sheet Graded  <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument)                     </div>				

06111930

I certify that I live on a rural route or other location that is not physically described by my address. I further certify that the information contained herein accurately describes the physical location of my place of residence.

Printed Name

Hani Saleh Hameer

Signature

*[Signature]*

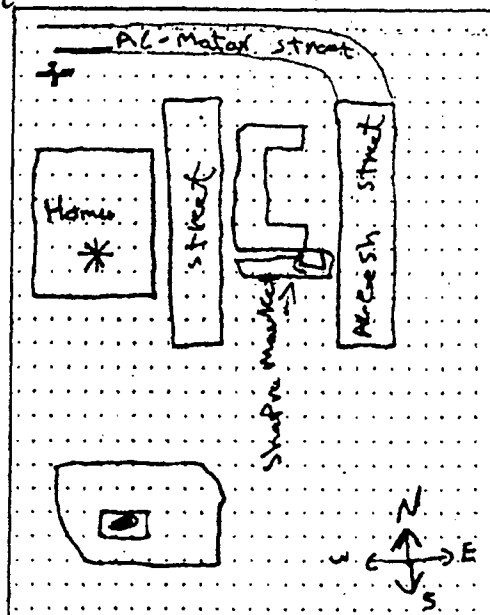
Date

4-15-99

TEXTUAL DESCRIPTION

and/or MAP

After The Tail air port  
 Al-Matar Street to  
 The E about 25 miles  
 Then my school house is  
 name Al-Liesaleh  
 Then to Al-Cash  
 street til Shopra  
 Market Then  
 turn off Right  
 The House is in  
 front you  
 with which house



UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION		111 CERTIFICATE NO.
<b>TEMPORARY AIRMAN CERTIFICATE</b>		2576802
THIS CERTIFIES THAT		
IN HANI SALEH HANJCOR 1050 SOUTH STANLEY #212 TEMPE, ARIZONA 85281		
DATE OF BIRTH	HEIGHT	WEIGHT
08-30-72	68 in	118
HAIR	EYES	SKIN
BLACK	BROWN	N
NATIONALITY		
SAUDIA ARABIA		
1. Has been found to be properly qualified and is hereby authorized in accordance with the provisions of statute on the powers of this certificate to exercise the privileges of		
PRIVATE PILOT		
RATINGS AND LIMITATIONS		
ii) AIRPLANE SINGLE ENGINE LAND. INSTRUMENT AIRPLANE		
iii) THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS <input type="checkbox"/> DATE OF SUPERSEDED AIRMAN CERTIFICATE		
GRADE OF CERTIFICATE (04-23-98)		
BY DIRECTION OF THE ADMINISTRATOR		
DATE OF ISSUANCE	SIGNATURE OF EXAMINER OR INSPECTOR	EXAMINER'S DESIGNATION NO OR INSPECTOR'S REG NO
11-27-98	Donald S. Jedy	439091 E
		DATE DESIGNATION EXPIRES
		03-31-99
FAA Form 8000-4 IS FOR USE PREVIOUS EDITION		

172705472

I. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION		III. CERTIFICATE NO. <b>PENDING</b>	
II. <b>TEMPORARY AIRMAN CERTIFICATE</b>			
THIS CERTIFICATE THAT IV. <b>HANI SALIM HANJOOR</b> V. <b>1362 S. VINEYARD RD. APT. 2082</b> <b>MESA, ARIZONA 85210</b>			
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR EYES SEX NATIONALITY
<b>08-30-72</b>	<b>68</b>	<b>116</b>	<b>BLACK BROWN M SAUDI ARABIA</b>
16. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of			
<b>PRIVATE PILOT</b>			
RATINGS AND LIMITATIONS			
III. <b>AIRPLANE SINGLE ENGINE LAND</b>			
<b>EXPIRES: 12-23-98</b>			
XIII.			
THIS IS AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE	
GRADE OF CERTIFICATE		N/A	
<b>ADMINISTRATIVE RE-ISSUE</b>			
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.	
A. DATE OF REISSUANCE	B. SIGNATURE OF EXAMINER OR INSPECTOR	1364179	
<b>01-23-98</b>	<b>BR NHILDE K. BRADLEY</b>	DATE DESIGNATION EXPIRES	
		<b>02-28-99</b>	
FAA Form 8000-4 (2-78) USE PREVIOUS EDITION			

NCTA000010930



TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No. 2120-0021



# Airman Certificate and/or Rating Application

 US Department of Transportation  
 Federal Aviation Administration

- I. Application Information ☐ Student ☐ Recreational ☐ Private ☐ Commercial ☐ Airline Transport ☒ Instrument
- ☐ Additional Aircraft Rating ☒ Airplane Single-Engine ☐ Airplane Multiengine ☐ Rotorcraft ☐ Glider ☐ Lighter-Than-Air
- ☐ Flight Instructor Initial ☐ Renewal ☐ Reinstatement ☐ Additional Instructor Rating ☐ Ground Instructor
- ☐ Medical Flight Test ☐ Reexamination ☐ Reissuance of Certificate ☐ Other

A. Name (Last, First, Middle) HANIKOR, HANI SALEH B. SSN (US Only) None C. Date of Birth Mo. Day Year 08-30-72 D. Place of Birth TAIF SAUDIA ARABIA

E. Address (Please See Instructions Before Completing) 1050 S STANLEY #212 F. Nationality (Citizenship) Specify ☐ USA ☒ Other SAUDIA ARABIA G. Do you read, speak and understand English? ☒ Yes ☐ No

City, State, Zip Code Tempe AZ 85281 H. Height 68 in I. Weight 118 lbs J. Hair BLACK K. Eyes BROWN L. Sex ☒ Male ☐ Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? ☒ Yes ☐ No N. Grade Pilot Certificate PRIVATE O. Certificate Number PENDING P. Date Issued 04-23-98

Q. Do you hold a Medical Certificate? ☒ Yes ☐ No R. Class of Certificate 1st CLASS S. Date Issued 11-07-96 T. Name of Examiner GERALD R. MYERS, MD.

U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? ☐ Yes ☒ No V. Date of Final Conviction

W. Older or Free Balloon Pilot only: Medical Statement: I have no known physical defect which makes me unable to pilot a glider or free balloon. Signature \_\_\_\_\_ X. Date \_\_\_\_\_

## II. Certificate or Rating Applied For on Basis of:

☒ A. Completion of Required Test 1. Aircraft to be used (if flight test required) Cessna 172 2a. Total time in this aircraft 129 hours 2b. Pilot in command 101 hours

☐ B. Military Competence Obtained in 1. Service \_\_\_\_\_ 2. Date Rated \_\_\_\_\_ 3. Rank or Grade and Service Number \_\_\_\_\_

☐ C. Graduate of Approved Course 1. Name and Location of Training Agency or Training Center \_\_\_\_\_ 2. Curriculum From Which Graduated \_\_\_\_\_ 3. Date \_\_\_\_\_

☐ D. Holder of Foreign License Issued By 1. Country \_\_\_\_\_ 2. Grade of License \_\_\_\_\_ 3. Number \_\_\_\_\_

☐ E. Completion of Air Carrier's Approved Training Program 1. Name of Air Carrier \_\_\_\_\_ 2. Date \_\_\_\_\_ 3. Which Curriculum ☐ Initial ☐ Upgrade ☐ Transition

## III. Record of Pilot time (Do not write in the shaded areas.)

	Total	Instrument	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instrument Received	Night Takeoff/Landing	Night Pilot in Command	Night Takeoff/Landing Pilot in Command	Number of Flights	Number of Solo Flights	Number of Cross Country Flights	Number of Instrument Flights	Number of Night Flights
Airplane	177	149	-	101	-	16	-	50	64	13	26	37	50					
Rotorcraft																		
Glider																		
Lighter Than Air																		
Free Balloon																		

IV. Have you failed a test for this certificate or rating? ☐ Yes ☒ No Within the Past 30 days? ☐ Yes ☒ No

V. Applicant's Certification — I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant [Signature] Date 11/26/1998

FAA Use Only

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	REMARKS

30 WA 07

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready for certification or rating without further recommendation.			
Date <b>11-26-98</b>	Instructor's Signature <i>[Signature]</i> <b>AMRO HASSAN</b>	Certificate No. <b>17200</b>	
Air Agency's Recommendation			
The applicant has successfully completed our recommended for certification or rating without further			
Date	Agency Name and Number	Official's Signature	
		Title	
Designated Examiner's Report			
<input type="checkbox"/> Student Pilot Certificate issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="text-align: center;"> <input checked="" type="checkbox"/> Approved—Temporary Certificate issued (Copy Attached)  <input type="checkbox"/> Disapproved—Disapproval Notice issued (Copy Attached)         </div>			
Location of Test (Facility, City, State) <b>SCOTTSDALE Airport, SCOTTSDALE AZ.</b>		Duration of Test Ground <b>1.2</b> Simulator <b>—</b> Flight <b>1.7</b>	
Certificate or Rating for Which Tested <b>INSTRUMENT RATING, ASEL</b>		Type(s) of Aircraft Used <b>CESNA-172</b>	Registration No.(s) <b>21015</b>
Date <b>11-27-98</b>	Examiner's Signature <i>[Signature]</i> <b>ALD</b>	Certificate No. <b>439091</b>	Designation No. <b>WP-07-73</b> Designation Expires <b>03-31-99</b>
Evaluator's Record For Airline Transport Certificate/Rating Only			
Oral	Inspector <input type="checkbox"/>	Examiner <input type="checkbox"/>	Signature _____ Date _____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspector's Report			
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.			
<input type="checkbox"/> Approved—Temporary Certificate issued <input type="checkbox"/> Disapproved—Disapproval Notice issued			
Location of Test (Facility, City, State)		Duration of Test Ground    Simulator    Flight	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	
<input type="checkbox"/> Student Pilot Certificate issued <input checked="" type="checkbox"/> Examiner's Recommendation <input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Release or Exchange of Pilot Certificate <input type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130		<input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Certificate issued <input type="checkbox"/> Certificate Denied	
Training Course (FIRC) Name		Graduation Certificate No.	
Date		Date	
Inspector's Signature		FAA District Office <b>4-07-2</b>	
Attachments:			
<input type="checkbox"/> Student Pilot Certificate (copy) <input checked="" type="checkbox"/> Report of Written Examination <input type="checkbox"/> Temporary Pilot Certificate (copy)		<input checked="" type="checkbox"/> Airmans Identification (ID) <b>SALDI ARABIA PASSPORT 10/14/97</b> <b>AL69999</b> <b>01-01-2001</b> <small>Expiration Date</small>	
		<input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Suspended Pilot Certificate <input type="checkbox"/> Answer Sheet Graded <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument)	

FAA Form 8710-1 (7-98) Supersedes Previous Editions

*Address Verified by school records*

NSM 0081-00-283-0004  
U.S. GPO: 1995-717-101/0124

NC1A000010932

8 5 2 7 7 0 0

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

Federal Aviation Administration  
Airman Computer Test Report

EXAM TITLE: Instrument Rating-Airplane (IRA)

NAME: HANJOOR, HANI S

ID NUMBER: 083072.

TAKE: 1

DATE: 07/17/98

SCORE: 97

GRADE: Pass

-----  
Knowledge area codes in which questions were answered incorrectly.  
See appropriate Advisory Circular (AC) Knowledge Test Guide  
available via the Internet: [http://www.fedworld.gov/pub/faa\\_att](http://www.fedworld.gov/pub/faa_att).  
A single code may represent more than one incorrect response.

A20 B11

DO NOT LOSE THIS REPORT

EXPIRATION DATE: 07/31/00

-----  
Authorized instructor's statement. (If applicable)

I have given Mr./Ms. \_\_\_\_\_ additional instruction in  
each subject area shown to be deficient and consider the applicant competent  
to pass the test.

Last \_\_\_\_\_ Initial \_\_\_\_\_ Cert. No. \_\_\_\_\_ Type \_\_\_\_\_  
(Print clearly)

Signature \_\_\_\_\_

8 4 8 6 1 0 3 5

**SAFETY IS NO ACCIDENT - IT MUST BE PLANNED**

PLEASE SIGN YOUR NAME IN INK ON ITEM VII. (SIGNATURE OF HOLDER)  
CUT ALONG DOTTED LINE

2878802 08-30-72 M 888611533 84860108

TO

HANI SALEM HANJOOR  
1382 S VINEYARD APT 2080  
MESA AZ 85210-8867

U. S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION	
IV. NAME HANI SALEM HANJOOR	VI. NATIONALITY SAMI ARABIA
V. ADDRESS 1382 S VINEYARD APT 2080 MESA, AZ 85210-8867	VII. SEX, HEIGHT, WEIGHT, HAIR, EYES M 68 115 BLACK BROWN
VIII. PRIVATE PILOT	
IX. CERTIFICATE NUMBER: 887688	
X. DATE OF ISSUE: 15 SEP 1988	
XI. SIGNATURE OF HOLDER	
XII. ADMINISTRATOR	

AC FORM 800-1 (9-87) SUPERSEDES PREVIOUS EDITION

NCTA000010934

NAME: SALEM MAJOR 2578802

III RATINGS

PRIVATE PILOT  
AIRPLANE SINGLE ENGINE LAND

III LIMITATIONS

1010

FOR A REPLACEMENT CERTIFICATE OR TO REPORT A CHANGE OF ADDRESS RETURN THIS STUB TO:  
FEDERAL AVIATION ADMINISTRATION  
ARMEN CERTIFICATION BRANCH AT 5700  
PO BOX 30400  
OKLAHOMA CITY, OK 73175-4000

IF A REPLACEMENT CERTIFICATE IS NEEDED, PLEASE SEND A SIGNED REQUEST STATING THE REASON FOR REPLACEMENT CERTIFICATE, ALONG WITH THIS STUB AND A CHECK OR MONEY ORDER FOR BE PAYABLE TO AVIATION ADMINISTRATION. INCOMPLETE SUBMISSION OF INFORMATION ON A REQUEST FOR REPLACEMENT COULD DELAY OR DENY ISSUANCE OF YOUR CERTIFICATE. FAILURE TO SUBMIT COMPLETE CHANGE OF ADDRESS INFORMATION COULD RESULT IN THE DENIAL OF CERTIFICATE PRIVILEGES.

THIS CERTIFICATE IS OF SUCH DURATION AS IS PROVIDED IN THE CURRENTLY EFFECTIVE FEDERAL AVIATION REGULATIONS. UNLESS SUSPENDED OR REVOKED, AN AIRMAN IS NOT AUTHORIZED TO EXERCISE PRIVILEGES OF THIS CLASS OR RATINGS ISSUED IN ERROR AND SHOULD RETURN THE CERTIFICATE IMMEDIATELY FOR CORRECTION. THIS CERTIFICATE SHOULD BE RETURNED TO THE ARMEN CERTIFICATION BRANCH WITHIN 30 DAYS OF DEATH OF THE AIRMAN.

REPAIRMAN OPERATIONAL RESTRICTION

THE HOLDER HEREOF SHALL NOT PERFORM OR APPROVE ALTERATIONS, REPAIRS, OR INSPECTIONS OF AIRCRAFT EXCEPT IN ACCORDANCE WITH THE APPLICABLE AIR WORTHINESS REQUIREMENTS OF THE FEDERAL AVIATION REGULATIONS OR SUCH METHOD, TECHNIQUES, AND PRACTICES FOUND ACCEPTABLE TO THE ADMINISTRATOR.

WARNING: ALTERATION OF THIS CERTIFICATE IS SUBJECT TO A FINE NOT EXCEEDING \$10,000 OR IMPRISONMENT NOT TO EXCEED THREE YEARS, OR BOTH  
(U.S. CODE TITLE 48, SEC. 1473 (b))

NCTA000010935

8 4 9, 6 1 0 3 6

Pending  
MR HANI SALEH HANJOOR

## AIRMAN CERTIFICATION NOTIFICATION - REQUEST FOR INFORMATION

SEP 29 1998

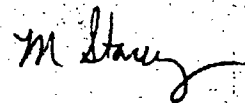
TO:  
MR HANI SALEH HANJOOR  
1362 S VINEYARD APT 2080  
MESA AZ 85210-8967

DOT Federal Aviation Administration  
Airmen Certification Branch, AFS760  
Post Office Box 23082  
Oklahoma City, OK 73125-4940

CERT: #2576802

In response to your request, please note paragraph(s) checked:

- ☐ 1. To reflect current information on your certificate(s), please complete, sign, and return the enclosed application.
- ☐ 2. The fee for a duplicate airman certificate is \$2 per certificate. Remittances from foreign countries must be in United States currency or be in the form of an international money order or a draft drawn on a United States bank. Upon receipt of your check or money order for \$\_\_\_\_\_ payable to the U.S. Treasury, your request will be processed.
- ☐ 3. The enclosed temporary certificate, valid for 120 days, may be used pending receipt of your permanent certificate.
- ☐ 4. Your signature is required to complete your request (a printed/fax signature is not acceptable). Please sign on the line below and return it to this office.
- ☐ 5. For reissuance of a certificate to reflect a name change, submit a photocopy of the marriage license, court order, or other legal document verifying change. If you are unable to provide documentation, please complete, sign and have notarized the enclosed name change document. Upon receipt of the required information, we will process your request.
- ☐ 6. Please provide the following information to reflect a nationality change: petition number which appears on the naturalization document, date of change, and name and location of court.
- ☐ 7. For proper identification, the following is required: full name, date of birth, social security number and/or certificate number, date of issuance on temporary airman certificate if permanent certificate has not been issued.
- ☐ 8. Contact an FAA Inspector at any of the offices shown on the enclosed list for further information regarding your certificate(s), ratings, requirements, regulations, etc. (all applications for certification must be processed through an FAA Inspector and/or Examiner, as applicable.)
- ☐ 9. Your address has been updated in our records as of \_\_\_\_\_.
- ☐ 10. Your \_\_\_\_\_ certificate is being processed and will be mailed as soon as possible.
- ☐ 11. A refund of \$\_\_\_\_\_ will be made by the Regional Disbursing Office; Kansas City, Missouri.
- ☐ 12. A post office box is not acceptable as a residence address. A residence address must be furnished; however, if you wish a post office box-preferred mailing address, you may furnish both. If your residence address is listed as General Delivery, Rural Route, or Star Route, you must provide directions, or a diagram, for locating the residence attested by your signature. Your address will be updated when we receive this information.
- ☒ 13. Return this letter with your reply and/or remittance for proper identification.
- ☒ 14. Remarks.  
Enclosed is your private pilot airman certificate. Please return the incorrect certificate. Thank you.



REISSUE CERTIFICATE DUE TO  
NON-RECEIPT

NAME: Hanjoor, Hani Saleh

SSN: 999-61-1533

CERTIFICATE NUMBER: 2576802

TYPE OF CERTIFICATE: PRIVATE PILOT

SPECIAL MAIL TO: \_\_\_\_\_

*\* Reconstructed File sent - cert issued 5-28-98*

REQUEST BY PHONE FROM AIRMAN: \_\_\_\_\_

FROM D.O.: \_\_\_\_\_

PERSONAL VISIT: \_\_\_\_\_

DATE: September 14, 1998

BY: Mary Stacey

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION		III. CERTIFICATE NO. 2763A	
II. TEMPORARY AIRMAN CERTIFICATE		PENDING	
I. THIS CERTIFICATE THAT			
IV. HANI SALEH HANJOOR 1362 S. VINEYARD RD. APT. 2080 MESA, ARIZONA 85210			
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR EYES SEX NATIONALITY VI
08-30-72	68	118	BLACK BROWN M SAUDI ARABIA
CE. Has been found to be properly qualified and is hereby authorized in accordance with the provisions of Chapter 1 of the Federal Aviation Regulations to exercise the privileges of <p style="text-align: center;">PRIVATE PILOT</p>			
RATINGS AND LIMITATIONS AIRPLANE SINGLE ENGINE LAND			
THIS IS <input checked="" type="checkbox"/> AN ORIGINAL <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE		DATE OF SUPERSEDED AIRMAN CERTIFICATE N/A	
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S REGULATION NO. OR INSPECTOR'S REG. NO.	
DATE OF ISSUANCE	SIGNATURE OF EXAMINER OR INSPECTOR	1369179	
04-23-98	BRUNHILDE K. BRADLEY	DATE EXPIRATION EXPIRES 02-28-99	

NCTA000010938



**Airman Certificate and/or Rating Application**

U.S. Department of Transportation  
Federal Aviation Administration

**I. Application Information** ☐ Student ☐ Recreational ☒ Private ☐ Commercial ☐ Airline Transport ☐ Instrument

☐ Additional Aircraft Rating ☒ Airplane Single-Engine ☐ Airplane Multiengine ☐ Rotocraft ☐ Glider ☐ Lighter-Than-Air

☐ Flight Instructor ☐ Initial ☐ Renewal ☐ Reinstatement ☐ Additional Instructor Rating ☐ Ground Instructor

☐ Medical Flight Test ☒ Reexamination ☐ Reissuance of ☐ Certificate ☐ Other

**A. Name (Last, First, Middle)** HANJOUR HANJI SALEH **B. SSN (US Only)** None **C. Date of Birth** 7-30-72 **D. Place of Birth** TAIF - SAUDI ARABIA

**E. Address (Please See Instructions Before Completing)** 1362 S. VINEYARD RD APT 2022 **F. Nationality (Citizenship)** ☐ USA ☒ Other SAUDI ARABIA **G. Do you read, speak and understand English?** ☒ Yes ☐ No

**H. Height** 6'2" **I. Weight** 118 lb **J. Hair** BLACK **K. Eyes** BROWN **L. Sex** ☒ Male ☐ Female

**M. Do you now hold, or have you ever held an FAA Pilot Certificate?** ☒ Yes ☐ No **N. Grade Pilot Certificate** STUDENT **O. Certificate Number** EE-2336939 **P. Date Issued** 11-07-96

**Q. Do you hold a Medical Certificate?** ☒ Yes ☐ No **R. Class of Certificate** 1st CLASS **S. Date Issued** 11-07-96 **T. Name of Examiner** GERALD R. MYERS, M.D.

**U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances?** ☐ Yes ☒ No **V. Date of Final Conviction**

**W. Glider or Free Balloon Pilot only:** **Medical Statement:** I have no known physical defect which makes me unable to pilot a glider or free balloon. **Signature** **X. Date**

**II. Certificate or Rating Applied For on Basis of:**

☒ **A. Completion of Required Test** **1. Aircraft to be used (if flight test required)** C-172 **2a. Total time in this aircraft** 9.2 hours **2b. Pilot in command** 14 hours

☐ **B. Military Competence Obtained in:** **1. Service** **2. Date Rated** **3. Rank or Grade and Service Number**

☐ **C. Graduate of Approved Course** **1. Name and Location of Training Agency or Training Center** **2. Curriculum From Which Graduated** **3. Date**

☐ **D. Holder of Foreign License Issued By:** **1. Country** **2. Grade of License** **3. Number** **4. Ratings**

☐ **E. Completion of Air Carrier's Approved Training Program** **1. Name of Air Carrier** **2. Date** **3. Which Curriculum** ☐ Initial ☐ Upgrade ☐ Transition

**III. Record of Pilot time (Do not write in the shaded areas.)**

	Total	Instruction Received	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instructor Received	Night Takeoff/Landing	Night Pilot in Command	Night Takeoff/Landing Pilot in Command	Number of Flights	Number of Ascent Turns	Number of Ground Landings	Number of Forward Landings	Number of Time Flights
Airplane	4277	14	14	-	10	6	6	3	4	12	-	-	-					
Rotocraft																		
Glider																		
Lighter Than Air																		
Training Device Simulator																		

**IV. Have you failed a test for this certificate or rating?** ☒ Yes ☐ No **Within the Past 30 days?** ☒ Yes ☐ No

**V. Applicant's Certification** — I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

**Signature of Applicant** [Signature] **Date** 4/22/1998

**FAA Use Only**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	DATE
																4/22/1998

FAA Form 8710-1 (7-96) Supersedes Previous Edition

NSN: 0063-00-842-6006

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date <b>4-22-98</b>	Instructor's Signature <i>A. Hassan</i>	Certificate No. <b>112024-2</b>	Certificate Expires <b>5/00</b>
Air Agency's Recommendation			
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.			
Date	Agency Name and Number	Official's Signature <i>OKLA</i>	
		Title	
Designated Examiner's Report			
<input type="checkbox"/> Student Pilot Certificate issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input checked="" type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below: <input checked="" type="checkbox"/> Approved—Temporary Certificate issued (Copy Attached) <input type="checkbox"/> Disapproved—Disapproval Notice issued (Copy Attached)			
Location of Test (Facility, City, State)		Duration of Test	
<b>GOODYEAR AIRPORT, GOODYEAR, ARIZONA</b>		Ground <b>1.0</b>	Simulator <b>1.2</b>
Certificate or Rating for Which Tested <b>PRIVATE PILOT ASEL</b>		Type(s) of Aircraft Used <b>CESSNA-172</b>	Registration No. (s) <b>21015</b>
Date <b>04-23-98</b>	Examiner's Signature <i>Brunhilde K. Bradley</i>	Certificate No. <b>1369179</b>	Designation No. <b>WP-07-22</b>
		Designation Expires <b>02-28-99</b>	
Evaluator's Record For Airline Transport Certificate/Rating Only			
Inspector		Examiner	
Signature		Signature	
Date		Date	
Oral			
Approved Simulator/Training Device Check			
Aircraft Flight Check			
Advanced Qualification Program			
Inspector's Report			
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.			
<input type="checkbox"/> Disapproved—Disapproval Notice issued <input checked="" type="checkbox"/> Approved—Temporary Certificate issued <input type="checkbox"/> Disapproved—Disapproval Notice issued			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator
			Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	
<input type="checkbox"/> Student Pilot Certificate issued <input checked="" type="checkbox"/> Examiner's Recommendation <input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Release or Exchange of Pilot Certificate <input type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130		<input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Certificate issued <input type="checkbox"/> Certificate Denied	
<input type="checkbox"/> Instructor <input type="checkbox"/> Flight <input type="checkbox"/> Ground <input type="checkbox"/> Renewal <input type="checkbox"/> Approved <input type="checkbox"/> Reinstatement <input type="checkbox"/> Disapproved <input type="checkbox"/> Instructor Renewal Based on <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Acquaintance <input type="checkbox"/> Test			
Training Course (FIRC) Name		Graduation Certificate No.	
Date	Inspector's Signature	FAA District Office <b>4076</b>	
Attachments: CURRENT RESIDENTIAL ADDRESS VERIFIED WITH ARIZONA AVIATION			
<input type="checkbox"/> Student Pilot Certificate (copy) <input checked="" type="checkbox"/> Report of Written Examination <input checked="" type="checkbox"/> Temporary Pilot Certificate (copy)			
<input checked="" type="checkbox"/> Airmans Identification (ID) <b>PASSPORT OF SAUDI ARABIA</b> Form of ID <b>A-669998</b> Number <b>01-01-2001</b> Expiration Date			
<input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Pilot Certificate <input type="checkbox"/> Answer Sheet Graded <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument)			

Form 8710-1 (7-95) Supersedes Previous Edition

NSN 0032-00-882-5008  
★ U.S. GPO: 1995-715-781/832-6

NCTA000010940

8 3 1 7 2 9 3 3

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

Federal Aviation Administration  
Airman Computer Test Report

EXAM TITLE: Private Pilot-Airplane (PAR)

NAME: HANJOOR, HANI S

ID NUMBER: 083072.

TAKE: 1

DATE: 02/18/98

SCORE: 97

GRADE: Pass

-----  
Knowledge area codes in which questions were answered incorrectly.  
See appropriate FAA-T-8080 test book. A code may represent more  
than one incorrect response.

B07

DO NOT LOSE THIS REPORT

EXPIRATION DATE: 02/29/00

-----  
Authorized instructor's statement. (If applicable)

I have given Mr./Ms. \_\_\_\_\_ additional instruction in  
each subject area shown to be deficient and consider the applicant competent  
to pass the test.

Last \_\_\_\_\_ Initial \_\_\_\_\_ Cert. No. \_\_\_\_\_ Type \_\_\_\_\_  
(Print clearly)

Signature \_\_\_\_\_

NOTICE OF DISAPPROVAL OF APPLICATION

NOTE

PRESENT THIS FORM  
UPON APPLICATION  
FOR REEXAMINATION

NAME AND ADDRESS OF APPLICANT

HANI SALEH HANJOOR  
1362 S. VINEYARD RD. APT. 2012  
MESA, ARIZONA 85210

CERTIFICATE OR RATING  
SOUGHT

PRIVATE PILOT  
ASPL

On the date shown, you failed the examination indicated below

☐ FLIGHT

☐ ORAL

☒ PRACTICAL

AIRCRAFT USED (Make and Model)

CESSNA-172

FLY. TIME RECORDED IN LOGBOOK

PILOT-IN-COMM OR SOLO	INSTRUMENT	QUAL
10	3	74

UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING:

A/O IV TASK A & B A/O X TASK B  
A/C VI TASK C (FIRST DISAPPROVAL)  
A/O VII TASK VOR INTERCEPTION OF RADIALS  
A/O IX TASK D COORDINATED TURNS TO HEADINGS

I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate or rating sought.

DATE OF EXAMINATION

04-16-98

SIGNATURE OF EXAMINER

BRUNHILDE K. BRADLEY

DESIGNATION OF OFFICE NO.

1369179/E

U.S. Department of Transportation  
Federal Aviation Administration

NSN 7540-01-000-9000

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date <b>4.1.98</b>	Instructor's Signature <b>AMRO HASSAN A. HASSAN</b>	Certificate No. <b>172705472</b>	Certificate Expires <b>3.00</b>
The applicant has successfully completed our <b>Air Agency's Recommendation</b> course, and is recommended for certification or rating without further test.			
Date	Agency Name and Number	Local Pilot's Signature <b>OKLA CITY OKLA</b>	
		Title	
Designated Examiner's Report			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below: <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Approved—Temporary Certificate Issued (Copy Attached)</span> <span><input checked="" type="checkbox"/> Disapproved—Disapproval Notice Issued (Copy Attached)</span> </div>			
Location of Test (Facility, City, State) <b>GOODYEAR AIRPORT, GOODYEAR, ARIZONA</b>		Duration of Test	
		Ground <b>3.5</b>	Simulator <b>1.8</b>
Certificate or Rating for Which Tested <b>PRIVATE PILOT ASEL</b>		Type(s) of Aircraft Used <b>CESSNA-172</b>	Registration No.(s) <b>21015</b>
Date <b>04-16-98</b>	Examiner's Signature <b>BRUNHILDE K. BRADLEY</b>	Certificate No. <b>1369179</b>	Designation No. <b>WP-07-22</b>
Designation Expires <b>02-28-99</b>			
Evaluator's Record For Airline Transport Certificate/Rating Only			
	Inspector	Examiner	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	
Inspector's Report			
I have personally tested the applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the result indicated below.			
<input type="checkbox"/> Approved—Temporary Certificate Issued <input type="checkbox"/> Disapproved—Disapproval Notice Issued			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator     Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	
		Registration No.(s)	
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input checked="" type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Military Competence <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Foreign License <input type="checkbox"/> Release or Exchange of Pilot Certificate <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130 <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Certificate Issued <input type="checkbox"/> Certificate Denied <input type="checkbox"/> Certificate Denied			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature	FAA District Office	
		<b>4-07-98</b>	
Attachments: CURRENT RESIDENTIAL ADDRESS VERIFIED WITH ARIZONA AVIATION FPZ			
<input type="checkbox"/> Student Pilot Certificate (copy) <input checked="" type="checkbox"/> Airman's Identification (ID) <input type="checkbox"/> Report of Written Examination <b>PASSPORT OF SAUDI ARABIA</b> <input type="checkbox"/> Temporary Pilot Certificate (copy)     Form of ID <div style="display: flex; justify-content: space-between;"> <span><b>A-669998</b></span> <span><b>01-01-2001</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Number</span> <span>Expiration Date</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Notice of Disapproval</span> <span><input type="checkbox"/> Suspended Pilot Certificate</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Answer Sheet Graded</span> <span><input type="checkbox"/> Answer Sheet Graded (Foreign Instrument)</span> </div>			


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.

Signed and dated at Oklahoma City, Oklahoma

this 25th day of April, 2002

by   
JERRY K BOWEN  
Supervisor, Medical Records Section  
Aerospace Medical Certification Division  
(Title)

Civil Aerospace Medical Institute

\*\*\*\*\*  
\*\*\*\*\*

I HEREBY CERTIFY that **JERRY K BOWEN**

who signed the foregoing certificate is now, and was, at the time of signing  
the legal custodian of the aforesaid records,

and that full faith and credit should be given his certificate as such.

IN WITNESS WHEREOF, I have hereunto subscribed  
my name and caused the seal of the Department of

Transportation to be affixed this 25th

day of April, 2002

at Oklahoma City, Oklahoma

  
WARREN S. SILBERMAN, D.O., M.P.H.  
(Signature)

Manager, Aerospace Medical Certification Division  
(Title)

Civil Aerospace Medical Institute  
Department of Transportation

Appl. ID: 1999022100 1. Appl. for: ☐ Airman Med. Cert. ☐ Airman Med. and Student Pilot Cert.  
9961544  
Type of Med. Cert. Applied ☒ 1st ☐ 2nd ☐ 3rd 3. Last: HANJOOR First: HANI Middle: S 4. SSN: 999-61-1533  
City: TAIFE St.: / Cou.: Saudi Zip: Tel.: 802-736-1167  
PO BOX 1717  
DOB: 08/30/1972 Citizenship: 7. Hair Cln.: BLACK 8. Eye Cln.: BROWN 9. Sex: male  
☐ None ☐ Student ☐ Other  
☐ ATC Specialist ☐ Flight Instructor ☐ Recreational  
☐ Flight Navigator ☐ Flight Engineer ☐ Private  
10. Type of Airman Certificate(s) You Hold:  
☐ Airline Transport  
☐ Commercial  
11. Occupation: X  
12. Employer: XXXX  
13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or revoked? ☐ Yes ☒ No If yes, give Date:  
Total Pilot Time (Civilian Only) 14. To Date: 250 15. Past 6 months: 125 16. Last FAA Med. App. Date: 05/11/1999 ☐ No Prior App.  
17.a Do You Currently Use Any Meds. (Prescription or Nonprescription)? ☒ No ☐ Yes (If yes, list medication(s) used below.) Prev. Reported

17.b Do You Ever Use Near Vision Contact Lens(es) While Flying? ☒ Yes ☐ No  
18. Medical History – HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?  
Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition.

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
a Frequent or severe headaches	<input type="checkbox"/>	g Heart or vascular	<input type="checkbox"/>	m Mental disorders of any sort;	<input type="checkbox"/>	r Military medical	<input type="checkbox"/>
b Dizziness or fainting spell	<input type="checkbox"/>	h High or low blood	<input type="checkbox"/>	n Substance dependence or failed	<input type="checkbox"/>	s Medical rejection by	<input type="checkbox"/>
c Unconsciousness for any	<input type="checkbox"/>	i Stomach, liver, or	<input type="checkbox"/>	o Alcohol dependence or abuse	<input type="checkbox"/>	t Rejection for life or	<input type="checkbox"/>
d Eye or vision trouble, except	<input type="checkbox"/>	j Kidney stone or	<input type="checkbox"/>	p Suicide attempt	<input type="checkbox"/>	u Admission to hospital	<input type="checkbox"/>
e Hay fever or allergy	<input type="checkbox"/>	k Diabetes	<input type="checkbox"/>	q Motion sickness requiring	<input type="checkbox"/>	x Other illness, or	<input type="checkbox"/>
f Asthma or lung diseases	<input type="checkbox"/>	l Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>				

Conviction and/or Administrative Action History Yes  
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) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program. ☐  
w Non-traffic conviction(s) (misdemeanors or felonies). ☐  
Explanations:

19. Visits to Health Professional Within Last 3 Years

Date	Name	Street	City	St	Zip	Country	Type	Reason
------	------	--------	------	----	-----	---------	------	--------

20. Applicant's National Driver Register and Certifying Declarations:

Date:

REPORT OF MEDICAL EXAMINATION

21. Height (Inches)	22. Weight (lbs)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
68	168	IbISODA	

Check Each Item in Appropriate Column	Abnorm / Norm	Check Each Item in Appropriate Column	Abnorm / Norm
25. Head, Face, Neck, and Scalp	X	37. Vascular system	X
26. Nose	X	38. Abdomen and viscera (including hernia)	X
27. Sinuses	X	39. Anus (Not including digital examination)	X
28. Mouth and throat	X	40. Skin	X
29. Ears, general (internal and external canals; hearing under item 49)	X	41. G-U system (Not including pelvic examination)	X
30. Ear drums (Perforation)	X	42. Upper and lower extremities (Strength and range of)	X
31. Eyes, general (Vision under item 50 to 54)	X	43. Spine, other musculoskeletal	X
32. Ophthalmoscopic	X	44. Identifying body marks, scar, tattoos (Size and	X
33. Pupils ( Equality and reaction)	X	45. Lymphatics	X
34. Ocular motility (Associated parallel movement,	X	46. Neurologic (Tendon reflexes, equilibrium, senses,	X
35. Lungs and chest (Not including breast examination)	X	47. Psychiatric (Appearance, behavior, mood, comm.,	X
36. Hear (Precordial activity, rhythm, sounds, and	X	48. General systemic	X

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



Conversational Voice Test at 6 feet [X]Pass[]Fail Record Audiometric Speech Discrimination Score

Right Ear					Left Ear				
500	1000	2000	3000	4000	500	1000	2000	3000	4000

51. a. Near Vision 51. b. Intermediate Vision - 32 inches 52. Color Vision

Corrected to 20/ 20 Right 20/ 20 Corrected to 20/ 20 Right 20/ Corrected to 20/ [X] Pass

Corrected to 20/ 20 Left 20/ 20 Corrected to 20/ 20 Left 20/ Corrected to 20/ [] Fail

Corrected to 20/ 0 Both 20/ 20 Corrected to 20/ 0 Both 20/ Corrected to 20/

53. Field of Vision 54. Heterophoria 20' (in prism diopters) Esophoria Exophoria Right Hyperphoria Left Hyperphoria

Normal[]Abnormal 1 0 0 0

55. Blood Pressure 56. Pulse 57. Urinalysis 58. ECG (Date)

(Sitting, mm) Systolic Diastolic (Resting) (If abnormal, give results) Albumin Sugar

136 78 72 [X]Normal []Abnormal N

59. Other Tests Given

60. 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

61. Applicant's Name

HANJOOR, HANI SALEH

Abnormal Physical Findings

[]Yes [X]No

62. Has been Issued -

[]Med. Cert.

[]Med. and Student Pilot Cert.

[]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

04/07/1999

Aviation Medical Examiner's Name

STAVROS, GEORGE E.

Street: 5801 E MAIN ST

City: MESA


Certificate/Form Nbr

002576802

AME Serial Number: 09783

AME Telephone: 480-830-1040

State: AZ Zip: 85205-0000



HANJOOR, HANI SALEH SSN: 999611533 ApplId: 1999022100 PI#:

[KHATCHER : 09/25/2001 7:24:50 AM]

AMC-731 requesting certified copy, request is complete sending to scanning.

3:42 PM

Page#: 1

**NCTA000010948**

96691658

Appl. ID: 1996404199

1. Appl. for: ☐ Airman Med. Cert. ☐ Airman Med. and Student Pilot Cert.Type of med. Cert. Applied ☒ 1st ☐ 2nd ☐ 3rd 3. Last: HANJOOR First: JANI Middle: S 4. SSN: 999-63-7100

Address: 14605 N AIRPORT DR #120

City: SCOTTSDALE

St.: AZ / Cou.:

Zip: 85260

Tel.: 602-994-1961

DOB: 08/30/1972

Citizenship:

7. Hair Clr.: BLACK

8. Eye Clr.: BROWN

9. Sex: male

10. Type of Airman Certificate(s) You Hold:

☐ None☐ Student☐ Other☐ Airline Transport☐ ATC Specialist☐ Flight Instructor☐ Recreational☐ Commercial☐ Flight Navigator☐ Flight Engineer☐ Private

11. Occupation: X

12. Employer: XXXX

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or revoked?

☐ Yes ☒ No

If yes, give Date:

Total Pilot Time (Civilian Only)

14. To Date: 20

15. Past 6 months: 20

16. Last FAA Med. App. Date:

08/01/1996

☒ No Prior App.

17.a. Do You Currently Use Any Meds. (Prescription or Nonprescription)?

☒ No ☐ Yes (If yes, list medication(s) used below.)

Prev. Reported

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?

☐ Yes ☒ No

18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?

Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition.

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
a Frequent or severe headaches	<input type="checkbox"/>	g Heart or vascular	<input type="checkbox"/>	m Mental disorders of any sort,	<input type="checkbox"/>	r Military medical	<input type="checkbox"/>
b Dizziness or fainting spell	<input type="checkbox"/>	h High or low blood	<input type="checkbox"/>	n Substance dependence or failed	<input type="checkbox"/>	s Medical rejection by	<input type="checkbox"/>
c Unconsciousness for any	<input type="checkbox"/>	i Stomach, liver, or	<input type="checkbox"/>	o Alcohol dependence or abuse	<input type="checkbox"/>	t Rejection for life or	<input type="checkbox"/>
d Eye or vision trouble, except	<input type="checkbox"/>	j Kidney stone or	<input type="checkbox"/>	p Suicide attempt	<input type="checkbox"/>	u Admission to hospital	<input type="checkbox"/>
e Hay fever or allergy	<input type="checkbox"/>	k Diabetes	<input type="checkbox"/>	q Motion sickness requiring	<input type="checkbox"/>	x Other illness, or	<input type="checkbox"/>
f Asthma or lung diseases	<input type="checkbox"/>	l Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>				<input type="checkbox"/>

Conviction and/or Administrative Action History

Yes

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) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

☐

w Non-traffic conviction(s) (misdemeanors or felonies).

☐

Explanations:

Visits to Health Professional Within Last 3 Years

Date	Name	Street	City	St	Zip	Country	Type	Reason
------	------	--------	------	----	-----	---------	------	--------

20. Applicant's National Driver Register and Certifying Declarations:

Date:

REPORT OF MEDICAL EXAMINATION

21. Height (Inches)	22. Weight (lbs)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
68	118	1b1SODA	

Check Each Item in Appropriate Column

Abnorm / Norm

Check Each Item in Appropriate Column

Abnorm / Norm

25. Head, Face, Neck, and Scalp	X	37. Vascular system	X
26. Nose	X	38. Abdomen and viscera (including hernia)	X
27. Sinuses	X	39. Anus (Not including digital examination)	X
28. Mouth and throat	X	40. Skin	X
29. Ears, general (internal and external canals; hearing under item 49)	X	41. G-U system (Not including pelvic examination)	X
30. Ear drums (Perforation)	X	42. Upper and lower extremities (Strength and range of	X
31. Eyes, general (Vision under item 50 to 54)	X	43. Spine, other musculoskeletal	X
32. Ophthalmoscopic	X	44. Identifying body marks, scar, tattoos (Size and	X
33. Pupils ( Equality and reaction)	X	45. Lymphatics	X
34. Ocular motility (Associated parallel movement,	X	46. Neurologic (Tendon reflexes, equilibrium, senses,	X
35. Lungs and chest (Not including breast examination)	X	47. Psychiatric (Appearance, behavior, mood, comm.,	X
36. Hear (Precordial activity, rhythm, sounds, and	X	48. General systemic	X

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

Conversational Voice Test at 6 feet					<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Record Audiometric Speech Discrimination Score				
Right Ear						Left Ear				
500	1000	2000	3000	4000		500	1000	2000	3000	4000
20	15	5	10	10		20	15	5	10	10

50. Distant Vision      51.a. Near Vision      51.b. Intermediate Vision - 32 inches      52. Color Vision

Right 20/ 20	Corrected to 20/ 20	Right 20/ 20	Corrected to 20/ 20	Right 20/	Corrected to 20/	<input checked="" type="checkbox"/> Pass
Left 20/ 20	Corrected to 20/ 20	Left 20/ 20	Corrected to 20/ 20	Left 20/	Corrected to 20/	<input type="checkbox"/> Fail
Both 20/ 20	Corrected to 20/ 0	Both 20/ 20	Corrected to 20/ 0	Both 20/	Corrected to 20/	

53. Field of Vision      54. Heterophoria 20' (in prism diopters)      Esophoria      Exophoria      Right Hyperphoria      Left Hyperphoria

<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		0	0	0	0
--	--	---	---	---	---

55. Blood Pressure      56. Pulse      57. Urinalysis      58. ECG (Date)

Sitting, mm	Systolic	Diastolic	(Resting)	(If abnormal, give results)	Albumin	Sugar
	114	78	76	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	N	

59. Other Tests Given

60. 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) nothing of significance.

Significant Medical History	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Abnormal Physical Findings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
61. Applicant's Name		62. Has been Issued --	<input checked="" type="checkbox"/> Med. Cert. <input type="checkbox"/> Med. and Student Pilot Cert.
HANJOOR, JANI SALEH			<input type="checkbox"/> No Certificate Issued -- Deferred for Further Evaluation
			<input type="checkbox"/> 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
11/07/1996	MYERS, GERALD R.	EE2336939
	Street: 10250 N 92ND ST STE 203	AME Serial Number: 13488
	City: SCOTTSDALE	AME Telephone: 480-948-2740
	State: AZ Zip: 85258-0000	

96227669

Appl. ID: 1996404199

1. Appl. for: ☐ Airman Med. Cert. ☐ Airman Med. and Student Pilot Cert.2. Type of Airman Medical Certificate Applied: ☐ 1st ☒ 2nd ☐ 3rd

3. Last: HANJOOR

First: JANI

Middle: S 4. SSN: 999-63-7100

5. Addr.: NAC

City: NAC

St.: NA / Cou.:

Zip: NAC

Tel.:

6. DOB: 08/30/1972

Citizenship:

7. Hair Cln.: BLACK

8. Eye Cln.: BLACK

9. Sex: male

10. Type of Airman Certificate(s) You Hold:

☐ None☐ Student☐ Other☐ Airline Transport☐ ATC Specialist☐ Flight Instructor☐ Recreational☐ Commercial☐ Flight Navigator☐ Flight Engineer☐ Private

11. Occupation: X

12. Employer: XXXX

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or revoked?

☐ Yes ☒ No

If yes, give Date:

Total Pilot Time (Civilian Only)

14. To Date: 0

15. Past 6 months: 0

16. Last FAA Med. App. Date:

☒ No Prior App.

17.a. Do You Currently Use Any Meds. (Prescription or Nonprescription)?

☒ No ☐ Yes (If yes, list medication(s) used below.)

Prev. Reported

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?

☐ Yes ☒ No

18. Medical History — HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?

Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition.

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
a Frequent or severe headaches	<input type="checkbox"/>	g Heart or vascular	<input type="checkbox"/>	m Mental disorders of any sort;	<input type="checkbox"/>	r Military medical	<input type="checkbox"/>
b Dizziness or fainting spell	<input type="checkbox"/>	h High or low blood	<input type="checkbox"/>	n Substance dependence or failed	<input type="checkbox"/>	s Medical rejection by	<input type="checkbox"/>
c Unconsciousness for any	<input type="checkbox"/>	i Stomach, liver, or	<input type="checkbox"/>	o Alcohol dependence or abuse	<input type="checkbox"/>	t Rejection for life or	<input type="checkbox"/>
d Eye or vision trouble, except	<input type="checkbox"/>	j Kidney stone or	<input type="checkbox"/>	p Suicide attempt	<input type="checkbox"/>	u Admission to hospital	<input type="checkbox"/>
e Hay fever or allergy	<input type="checkbox"/>	k Diabetes	<input type="checkbox"/>	q Motion sickness requiring	<input type="checkbox"/>	x Other illness, or	<input type="checkbox"/>
f Asthma or lung diseases	<input type="checkbox"/>	l Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>				<input type="checkbox"/>

Conviction and/or Administrative Action History

Yes

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) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

☐

w Non-traffic conviction(s) (misdemeanors or felonies).

☐

Explanations:

9. Visits to Health Professional Within Last 3 Years

Date	Name	Street	City	St	Zip	Country	Type	Reason
------	------	--------	------	----	-----	---------	------	--------

20. Applicant's National Driver Register and Certifying Declarations:

Date:

REPORT OF MEDICAL EXAMINATION

21. Height (Inches)	22. Weight (lbs)	23. Statement of Demonstrated Ability (SODA)	24. SODA Serial Number
69	116	IbISODA	

Check Each Item in Appropriate Column	Abnorm / Norm	Check Each Item in Appropriate Column	Abnorm / Norm
25. Head, Face, Neck, and Scalp	X	37. Vascular system	X
26. Nose	X	38. Abdomen and viscera (including hernia)	X
27. Sinuses	X	39. Anus (Not including digital examination)	X
28. Mouth and throat	X	40. Skin	X
29. Ears, general (internal and external canals, hearing under item 49)	X	41. G-U system (Not including pelvic examination)	X
30. Ear drums (Perforation)	X	42. Upper and lower extremities (Strength and range of)	X
31. Eyes, general (Vision under item 50 to 54)	X	43. Spine, other musculoskeletal	X
32. Ophthalmoscopic	X	44. Identifying body marks, scar, tattoos (Size and	X
33. Pupils (Equality and reaction)	X	45. Lymphatics	X
34. Ocular motility (Associated parallel movement,	X	46. Neurologic (Tendon reflexes, equilibrium, senses,	X
35. Lungs and chest (Not including breast examination)	X	47. Psychiatric (Appearance, behavior, mood, comm.,	X
36. Hear (Precordial activity, rhythm, sounds, and	X	48. General systemic	X

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

Conversational Voice Test at 6 feet ☒ Pass ☐ Fail Record Audiometric Speech Discrimination Score

Right Ear					Left Ear				
500	1000	2000	3000	4000	500	1000	2000	3000	4000

51.a. Near Vision 51.b. Intermediate Vision - 32 inches 52. Color Vision

Corrected to 20/	20	Right 20/	20	Corrected to 20/	20	Right 20/	Corrected to 20/	<input checked="" type="checkbox"/> Pass
Corrected to 20/	20	Left 20/	20	Corrected to 20/	20	Left 20/	Corrected to 20/	<input type="checkbox"/> Fail
Corrected to 20/	0	Both 20/	20	Corrected to 20/	0	Both 20/	Corrected to 20/	

Field of Vision 54. Heterophoria 20' (in prism diopters) Esophoria Exophoria Right Hyperphoria Left Hyperphoria

Normal ☐ Abnormal ☐  
 Blood Pressure 56. Pulse 57. Urinalysis 58. ECG (Date)  
 Sitting, mm Systolic Diastolic (Resting) (If abnormal, give results) Albumin Sugar  
 105 65 ☒ Normal ☐ Abnormal N

59. Other Tests Given

60. 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.)

Significant Medical History ☐ Yes ☒ No Abnormal Physical Findings ☐ Yes ☒ No

61. Applicant's Name HANJOOR, JANI SALEH 62. Has been Issued - ☒ Med. Cert. ☐ Med. and Student Pilot Cert.  
☐ 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
08/20/1996	STEWART-MORRIS, MALCOLM,	
	Street: 8517 EARHART RD STE 280	AME Serial Number: 13733
	City: OAKLAND	AME Telephone: 510-633-7623
	State: CA Zip: 94621-0000	

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** dated April 7, 1999,  
on file in the Aeromedical Certification Division  
and that I am the legal custodian thereof.

Signed and dated at Oklahoma City, Oklahoma  
this 24th day of September, 20 01  
by JOYCE YUELL  
Acting Supervisor, Medical Records Section  
Aeromedical Certification Division  
*(Title)*  
Civil Aeromedical Institute

\*\*\*\*\*

I HEREBY CERTIFY that **JOYCE YUELL**  
who signed the foregoing certificate is now, and was, at the time of signing  
the legal custodian of the aforesaid records,

and that full faith and credit should be given his certificate as such.

Brenda Smith  
Ame-731

2 pages

N/c

IN WITNESS WHEREOF, I have hereunto subscribed  
my name and caused the seal of the Department of  
Transportation to be affixed this 24th  
day of September, 20 01  
at Oklahoma City, Oklahoma

WARREN S. SILBERMAN, D.O., M.P.H.  
*(Signature)*  
Manager, Aeromedical Certification Division  
*(Title)*  
Civil Aeromedical Institute  
*Department of Transportation*

FROM:

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

PRECEDENCE:

SECURITY CLASSIFICATION:

Action \_\_\_\_\_

Class \_\_\_\_\_

Info \_\_\_\_\_

Unclass \_\_\_\_\_

FOR INFORMATION CALL: *Special Agent Brenda L. Smith*Phone Number: (405) 954-

Fax: (405) 954-4989

7628

Date: 9/24/01TO: Kay HatcherFax #: 44300

Per our conversation, attached is the following information on:

Please provide a blue ribbon as soon  
as possible.

If you need further assistance, please do not hesitate to call or fax!

Thanks so much! Brenda Page 1 of 3

THIS MATERIAL IS FOR LAW ENFORCEMENT PURPOSES ONLY It is subject to the  
provisions of the Privacy Act, 5 U.S.C. 552a, and any release or reproduction must be made in  
conformance with that statute.

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2001 SEP 24 P 2:18  
OFFICE OF  
AVIATION MEDICINE  
OKLAHOMA CITY, OK





U.S. Department  
of Transportation  
Federal Aviation  
Administration

# Memorandum

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

Subject: **ACTION:** Request for Certified Records  
of Airman Documents

Date: September 24, 2001

From: Manager, Compliance and Enforcement  
Branch, AMC-730

Reply to: Brenda L. Smith, AMC-731  
Attn. of: (405) 954-7628  
Fax: (405) 954-4989

To: 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.

<u>NAME</u>	<u>SSN</u>	<u>Date of Birth</u>
Hani Saleh HANJOOR	999611533	08/30/1972

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

for Mark W. Sweeney

BEST AVAILABLE COPY