Airman Records on September 11th Hijackers and Indicted Co-conspirators

For

<u>NAME</u>	TRACKING #
ZACARIAS MOUSSAOUI Medical Records Record of Diligent Search	1001 1023
ALI AYEDH AL-GHAMDI	1002
MARWAN YOUSEF ALSHEHHI	1003
MOHAMED ATTA	1005
HANI SALEH HANJOOR	1006
ZIAD JARRAH	1007

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Airman Records of September 11th Hijackers and Indicted Co-Conspirators

- At the request of the Department of Justice in the U.S. v. Moussaoui case, this office provided a list of 25 names and all known aliases (see Tab 1) to the FAA Civil Aviation Registry and requested that they search their files for any airman records on these individuals. In addition to Moussaoui, the name list consisted of the nineteen September 11th hijackers and the other five indicted co-conspirators. For any records identified, the Registry was asked to provide a DOT Form 2100.1 "Certificate of True Copy," often referred to as a Blue Ribbon copy.
- By way of background, the FAA Civil Aviation Registry located in Oklahoma City maintains extensive records on every certificated airman (those who possess a U.S.-issued airman certificate) and all U.S. registered aircraft.
- Airman Records on six of the individuals on the Name List were located and Blue Ribbon copies of their records are enclosed:

Zacarias Moussaoui	Tab 2	
Ali Ayedh Al-Ghamdi	Tabs 3A and 3	В
Marwan Yousef Alshehhi	Tabs 4A and 4	В
Mohamed Atta	Tabs 8A and 5	В
Hani Saleh Hanjoor	Tabs 6A and 6	
Ziad Jarrah	Pabs 7A and X	В

- An airman record on a seventh individual on the Name List (Waleed Ahmed Al-Shehri) was also identified. It was later discovered that this record belonged to an individual who is still alive and a pilot for a Saudi diplomat. He is not the same individual as one of the September 11th hijackers whose name is actually Waleed Mohamed Al-Shehri. Tab-8 contains email correspondence documenting this. Accordingly, his airman record is not included.
- The airman file at the Registry contains the complete history of an airman from the time he or she was first issued a certificate. Including all types of airmen, there are approximately 1,000,000 airmen files, of which approximately 626,000 are pilots. The levels of pilot certificates are student, recreational, private, commercial, and airline transport. Some 81,000 airmen are also flight instructors, and there would be a separate airman file under their flight instructor certificate. The airman file remains "open" until the FAA is notified of the airman's death. The file is only "closed" upon receipt of a death certificate. The following are descriptions of the types of documents to be found in an airman record:

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- Airman Medical. The airman medical certificate is issued by a FAA-appointed aviation medical examiner who is a medical doctor with specific aerospace medicine training. Issuance of the medical certificate indicates that the bearer, at least for the day of issuance, is medically qualified to exercise the privileges of his or her airman certificate.
- Airman Certificate. The airman certificate is a permanent pilot certificate issued upon receipt at the Airman Registry of the certification file application, written test results if applicable, superseded pilot certificate, and copy of temporary airman certificate. The airman certificate lists the category and class of aircraft the airman may operate (e.g., airplane single engine land) and any ratings (e.g., instrument or type rating) or limitations (e.g., not valid for compensation or hire). The certificate also includes the full name of the airman, address, and physical description.
- Temporary Airman Certificate. The temporary airman certificate is issued by a designated pilot examiner (unless the practical test is given by an inspector) upon successful completion of a practical test by an applicant. The temporary airman certificate is valid for 120 days or until the pilot receives his permanent airman certificate, at which point the temporary should be destroyed. (However, some pilots keep them as souvenirs, but an expiration date is on the temporary.)
- Airman Certificate/Type Rating Application. The Airman Certificate/Rating Application is used by airman to apply for all levels of airman certificate, ratings, or type ratings. The application is filled out by the airman and endorsed by the flight instructor giving the instruction for the particular certificate or rating to indicate that the applicant is qualified to take the practical test. Finally, the designated pilot examiner (or inspector) certifies that the applicant has either passed or failed the practical test.
- Airman Written Test Results. All airman written testing is conducted at FAA-approved testing centers. These are standardized test administrators who can demonstrate a high level of information security. Results of the written test include the airman's score (expressed as a percentage of the total number of questions), and lists the areas of airman knowledge the applicant answered incorrectly. The airman must present a copy of a passed written test to apply for the certificate or rating being sought. A practical test cannot occur until the applicant has passed the written test.
- Student Pilot Certificate. The student pilot certificate is issued to any non-pilot who is seeking to become either a private or recreational pilot. In most cases it is a combined student pilot/medical certificate for powered aircraft. (A medical certificate is not required for gliders or balloons.) On the student pilot side of the certificate the instructor endorses when the student is ready to solo and conduct solo cross-country flights. When the private or recreational pilot certificate is issued, the combined student pilot/medical certificate is not submitted with the application because it still serves as the student's

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medical certificate. Once that expires, a new, medical-only certificate is obtained by the pilot.

- Notice of Disapproval of Application. The notice of disapproval is colloquially referred to as a "pink slip" because they used to be printed on salmon-colored paper. This is issued to an applicant who fails the practical test for a certificate or rating. On the notice the examiner (or inspector) lists by task number the maneuvers required by the Practical Test Standards that the applicant failed to perform successfully.
- Accident/Incident History. This would list all accidents, incidents, etc., in which the pilot was involved. (The definition of accident and incident is found in NTSB 830.) This would include date, time, aircraft, etc. The information is taken from the FAA Accident/Incident report form.
- Enforcement Activity. This would include the airman's enforcement history, i.e., the number of times he or she has been investigated for an act of non-compliance with any of Title 14, Code Federal Regulations. The type of infraction plus the penalty would be included.

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5/9/2002 9:31 AM Date: Sender: Mike Morse

Carla Martin[OST]

David CTR Graceson

Mark Randol

Priority: Normal

Subject: Fwd: AL-SHEHRI, Waleed Ahmed

Carla - Suggest you forward this to DoJ immediately. As the airman certification information previously provided to FBI and provided by us to John, concerning AL SHEHRI, appears to NOT BE RELEVANT TO THE HIJACKER OF THAT NAME.

Accordingly the Al Shehri information needs protection from a personal privacy point of view.

Michael A. Morse, Manager Special Actions & Litigation Support Staff Associate Under Secretary for Aviation Security Operations [TSA/ACS-90] (202)267-9771

9/11 Personal Privacy

Forward Header

Subject:

AL-SHEHRI, Waleed Ahmed

Author:

Mark Sweeney

5/8/2002 12:40 PM Date:

We were recently notified that Waleed Ahmed AL-SHEHRI, ssn who had been identified by the FBI as one of the 19 terrorists had been issued a medical certificate in February 2002. Our office contacted the FBI who interviewed Mr. AL-SHEHRI and discovered he was not one of the hijackers but was in fact a pilot for a Saudi Diplomat and was very much alive. The identity of the hijacker was in fact Waleed Mohamed AL-SHEHRI who is not certificated by the FAA.

For AMC-760, please remove the "no mail" restriction.

Mark Sweeney, AMC-730 Internal Security & Investigations Division (405) 954-5622

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

RECORD OF DILIGENT SEARCH

I HEREBY CERTIFY that I am custodian of the Federal Aviation Administration airman records which are maintained at Oklahoma City, Oklahoma; that a recent diligent search of such records has been made but that no record or entry has been found to exist which discloses that Zacarias Moussaoui was ever issued a recreational pilot or higher level airman certificate.

	Signed and dated at Oklahoma City, Oklahoma
	this 25th day of April, 2002
	Greakil Buthril by Jackie Guthrie
	by Jackie Guthrie
	Supervisor, Certification Section D
	(Title)
*******	************

I HEREBY CERTIFY that Jackie Guthrie

who signed the foregoing certificate is now, and was, at the time of signing Supervisor, Certification Section D, 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
(Signature)
Manager, Airmen Certification Branch
(Title)
Civil Aviation Registry
U. S. Department of Transportation

AC Form 8060-15 (10-94) (0052-545-3000)



CERTIFICATE OF TRUE COPY

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

medical record of ZACARIAS MOUSSAOUI dated March 1, 2001,

le in the Aerospace Medical Certification Division that I am the legal custodian thereof.

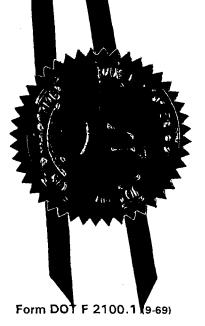
Signed and dated at		Oklahoma City, Oklahoma			
this	25th	day of	April, 2002		
by _	Supervisor	BOWEN , Medical Rec Medical Cert			
	Civil A	(Title Aerospace Me) dical Institute		

I HEREBY CERTIFY that

JERRY K BOWEN

ve sign the foregoing certificate is now, and was, at the time of signing the egal todian of the aforesaid records,

are nat fit with 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

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	and, Cert. Applied	1st[X]2nd[]3rd 3 . L	ast: MOUSSAOUI		First: ZACARIAS	Middle:	4. SSN: 888-01-3454
	1950 GODDARD AVE #	FLIGHT	City: NORMAI	N	St.: OK / Cou.:	Zip: 73069-8469 Tel.:	
غمر	DOB: 05/30/1968	Citizenship:	7. Hair Clr.: BLAC	CK	8. Eye Cir.	: BLACK 9.	Sex: male
10.	Type of Airman Certificate(s) Y	ou Hold:	[] No	ne	[] Studen	t go	ther
ďΑ	Airline Transport] AT	C Special	st [] Flight h	nstructor [] R	ecreational
[X]	Commercial		() Flig	ht Naviga	tor [] Flight £	ingineer []Pi	rivate
11.	Occupation: STUDENT	•		12	Employer: NONE		
13.	Has Your FAA Airman Medica	al Certificate Ever Bee	n Denied, Suspended	, or revok	ed? []Yes	[X]No If yes, give Da	ate:
Tot	al Pilot Time (Civilian Only)	14. To Date: 0	15. Past 6 mont	hs: O	16. Last FAA Med. A	pp. Date:	[X] No Prior App.
17.	a. Do You Currently Use Any N	Meds. (Prescription or	Nonprescription)?		[X]No[]Yes (If yes, list medi	cation(s) used below.)	Prev. Reported
17.	b. Do You Ever Use Near Visio	on Contact Lens(es) V	/hile Flying?			i	[]Yes[X]No
18.	Medical History – HAVE YOU	J EVER IN YOUR LIF	E BEEN DIAGNOSE	O WITH, H	IAD, OR DO YOU PRESEN	ITLY HAVE ANY OF THE F	OLLOWING?
	Answer "yes" or "no" for ever the explanation of the condition	y condition listed belo on was reported on a	w. In the EXPLANATION of the previous application for	ONS box or an airm	below, you may note "PRE\ an medical certificate and th	/IOUSLY REPORTED, NO (nere has been no change in	CHANGE" only if your condition.
	Condition	Yes Condition	on Yes	. с	ondition	Yes Conditio	n Yes
а	Frequent or severe headaches] g Hearto	vascular []	m M	ental disorders of any sort;	[] r Military r	nedical []
ь	Dizziness or fainting spell	[] h High or	low blood []	n S	ubstance dependence or fai		rejection by
С	Unconsciousness for any	[] i Stomac	h, liver, or	o Ai	cohol dependence or abuse	t Rejection	n for life or
d	Eye or vision trouble, except	[] j Kidney:	stone or	p Si	uicide attempt	-	on to hospital
е	Hay fever or allergy	[] k Diabete	s []	q M	otion sickness requiring	[] x Other illr	
f	Asthma or lung diseases	[] Neurolo	gical disorders; epilep	sy, seizur	es, stroke, paralysis, etc.	_	Ō
	Conviction and/or Administrative	e Action History					Yes
٧	History of (1) any conviction(s) in history of any conviction(s) or addriving privileges or which result	nvolving driving while dministrative action(s)	involving an offense(s) which r	esulted in the denial, susper		2) n
			ir educational of a ren	aoimanon	program.		
	Non-traffic conviction(s) (misde	meanors or felonies).					0
1	Explanations:						
I	NONE						
_19.	Visits to Health Professional V	Vithin Last 3 Years					
te	a Name	Street	City	St	Zip Country	Type Rea	ason
20.	Applicant's National Driver F	-	Declarations:			Date: 03/01/2001	
	PORT OF MEDICAL EXAMINAT						
21.	Height (Inches) 22. We 68 20	eight (lbs) 23. 5	Statement of Demon	istrated A	bility (SODA)	24. SOD/	A Serial Number
Che	ck Each Item in Appropriate Col	umn	Abnorm / Norn	n Chec	k Each Item in Appropriate	Calumn	Abnorm / Norm
	Head, Face, Neck, and Scalp		x		Vascular system		X
26.	Nose		x	38.	Abdomen and viscera (incl	uding hemia)	x
27.	Sinuses		x	39.	Anus (Not including digital	*	×
	Mouth and throat		×	40.	Skin	examination,	
28.			^	40.			X
		amal angole: bondag	~	44			
29.	Ears, general (internal and ext under item 49)	ernal canals; hearing	Х	41. 42.	G-U system (Not including Upper and lower extremitie	•	X X
30.	Ears, general (internal and ext	emal canals; hearing	×		, ,	•	
	Ears, general (internal and ext under item 49)	· · · · ·			, ,	s (Strength and range of	
30.	Ears, general (internal and ext under item 49) Ear drums (Perforation)	· · · · ·	x	42.	Upper and lower extremitie	s (Strength and range of	х
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30. 31. 32. 33.	Ears, general (internal and ext under item 49) Ear drums (Perforation) Eyes, general (Vision under ite Ophthalmoscopic Pupils (Equality and reaction)	em 50 to 54)	x x x	42 . 43 .	Upper and lower extremities Spine, other musculoskele	s (Strength and range of	x x
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NOTES:Describe every abnormality in detail. Enter applicable item nbr before each commen

04/24/2002

MID: 200000543342

Page #. 1



Conversational Voice Test at 6 feet

[X]Pass[]Fail

Record Audiometric Speech Discrimination Score

51.b. Intermediate Vision - 32 inches

Left Ear

500

1000

Right Ear 2000

3000

4000

500

1000 2000

4000

50. Distant Vision Right 20/ 20

Corrected to 20/

51.a. Near Vision Right 20/ 20

Corrected to 20/

Right 20/ Left 20/

Corrected to 20/

52. Color Vision

Left 20/ 20 Both 20/ 20 Corrected to 20/

Left 20/ 20 Both 20/ 20

Corrected to 20/ Corrected to 20/

Both 20/

Corrected to 20/

(X) Pass [] Fail

53. Field of Vision

Corrected to 20/

54. Heterophoria 20' (in prism diopters)

Esophoria

Exophoria

Corrected to 20/ Right Hyperphoria

Left Hyperphoria

[X]Normal[]Abnormal

56. Pulse

0

0

0

3000

55. Blood Pressure

Diastolic

57. Urinalysis

58. ECG (Date)

Sitting, mm

(If abnormal, give results) Alburmin Sugar

Systolic 127

(Resting) 85

[X]Normal []Abnormal

Other Tests Given 59.

NONE

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).

10. HAS NON-ICA10 PILOT LICENSE; FR. GUIANA

Limitation 1:

None

Significant Medical History

[]Yes [X]No

Abnormal Physical Findings

61. Applicant's Name MOUSSAOUI, ZACARIAS

[Yes [X]No

62. Has been Issued --

[Med. Cert. [X]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)

NONE

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

03/01/2001

Aviation Medical Examiner's Name

Certificate/Form Nbr

LYNN, CLYDE A,

Street: 1317 BROOKHAVEN BLVD

FF1278810

AME Serial Number:

07448

City:

NORMAN

OK Zip: 73072-3638 State:

AME Telephone:

405-329-2625

WITHDRAWAL NOTICE

RG: 148 Exposition, Anniversary, and Memorial Commissions

SERIES: 9/11 Commission Team 5

NND PROJECT NUMBER: 46009

FOIA CASE NUMBER: 28613

WITHDRAWAL DATE: 12/27/2007

BOX: 00018

FOLDER: 0001

TAB: 3

DOC ID: 31138967

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PAGES: 36

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FOLDER TITLE: Kephart WF: Airman Records of Hijackers

DOCUMENT DATE: 04/25/2002 DOCUMENT TYPE: Form

FROM:

TO:

SUBJECT: Airman File for Ali Ayedh Al-Ghamdi (Not a Hijacker)

This document has been withdrawn for the following reason(s):

9/11 Personal Privacy

WITHDRAWAL NOTICE

TEMPORARY ARMAN CERTIFICATE

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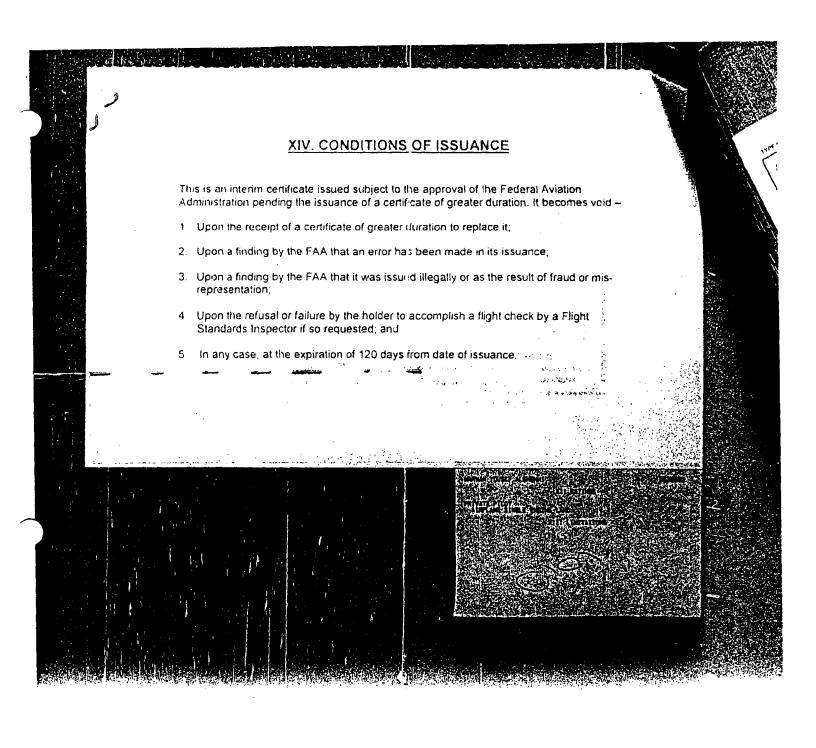
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Federal Aviation Administration Airman Computer Test Report EXAM TITLE: Commercial Pilot Airplane (CAX) NAME: ALSHBIHI, MARWAN YOUSEP 90121920001505191 ID NUMBER: 05091978 TAKE: 1 DATE: 12/19/2000 SCORE: 73 GRADE: Pass Knowledge area codes in which questions were answered incorrectly. See appropriate Advisory Circular (AC) Knowledge Test Guide available via the Internet: http://afs600.faa.gov/data/advisorycircular/ac60-25d.pdf A single code may represent more than one incorrect response. B08 H300 H307 B07 B11 H303 H308 **H66** 123 164 H574 H105 J25 1342 A02 H317 108 EXPIRATION DATE: 12/31/2002 DOMESTO BULLIANDA Authorized instructor's statement. (If applicable) additional instruction in I have given Mr./Ms. each subject area shown to be deficient and consider the applicant competent to pass the test. ____ Initial ____ Cert. No. _____ Type ____ Last (Print clearly) Signature _____

2 4 9 3 ALL ENTRIES IN INK Airman Certificate and/or Rating Application ADDITIONAL ADDRESS INFORMATION ALSHEHHI , MARWAN YOUSEF. e (Last, First, Middle) odel Security Number Certificate Number 2636862 12/21/2000 Date Issued Permanent Mailing Address Foreign U.S. S18 WHAUREL ROAD P.O.Box City, State, Zip Code NOKOMIS Address the applicant requests the certificate be sent to: U.S. Foreign 516 W LAUREL ROAD Street P.O.Box , FL 34275 City, State, Zip Code NOKOMIS Physical Description as entered:

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Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) Social Security Number

ALSHEHHI, MARWAN YOUSEF.

Certificate Number Date Issued

2636662 11/20/2000

Permanent Malling Address

U.S.

Foreign

Street

518 W LAUREL ROAD

P.O.Box

City, State, Zip Code NOKOMIS

FL 34275

Address the applicant requests the certificate be sent to:

<u>U.S.</u>

Foreign

(Street 516 W LAUREL ROAD P.C.Box City, State Zip Code NOKOMIS FL 34275

Physical Description as entered:

CATS Computer Assisted Testing Service 1-800-947-4228

Federal Aviation Administration Airman Computer Test Report

EXAM TITLE: Instrument Rating-Airplane (IRA)

NAME: ALSHEHHI, MARWAM YOUSEF 90110620004207828

ID NUMBER: 05091978

TAKE: 1

DATE: 11/06/2000

SCORE: 75 GRADE: Pass

Knowledge area codes in which questions were answered incorrectly. See appropriate Advisory Circular (AC) Knowledge Test Guide available via the Internet: http://afs600.faa.gov/data/advisorycircular/ac60-25d.pdf 🥢 A single code may represent more than one incorrect response. J35 J18 I10 J17 J27

B10 I21 I61 H342 J31 I04

108

EXPIRATION DATE: 11/30/2002

DO NOT LOSE THIS REPORT

Authorized instructor's statement. (If applicable)

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

Last (Print clearly)

_ Initial _____ Cert. No. _____Type

Signature

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1 - 1000 (14) (15) Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Lest, First, Middle) ALSHEHHI , MARWAN YOUSEF. Social Security Number Certificate Humber Date Issued

1409542 09/09/2000

Permanent Mailing Address

<u>U.S.</u>

Street 516 W LAUREL ROAD
P.O.Box

City, State, Zip Code NOKOMIS

FL 34275

Accres the applicant requests the certificate be sent to:

Street 516 W LAUREL ROAD
P.O.Box
City State 7th Code

P.O. Box City, State, Zip Code NOKOMIS , FL 34275

Physical Description as entered:

and the control of th

CERTIFICATE OF TRUE COPY

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

medical record of MARWAN YOUSEF ALSHEHHI dated July 24, 2000,

n file in the Aerospace Medical Certification Division d that I am the legal custodian thereof.

Sign	ed and dated at	Oklahoma (City, Oklahoma
this	25th	day of	April, 2002
`	Derv	SILB BOWEN	ce
by	JERRY K	BOWEN	
	Supervisor	, Medical Rec	ords Section
_	Aerospace	Medical Cert	ification Division
		(Title	
	Civil A	verospace Me	dical Institute

I HEREBY CERTIFY that

JERRY K BOWEN

ed the foregoing certificate is now, and was, at the time of signing less custodian of the aforesaid records,

that all 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.A.									
(Signature)									
Manager, Aerospace Medical Certification Division (Title)									
Civil Aerospace Medical Institute Department of Transportation									

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Significant Medical Applicant's Name Disqualifying Defe Medical Examination te of Examination	History YES Micts (List by item number of the property of the	mber) seeby certify the twith any attactical Examiner	o as Been is O No Ce O Has Bottl have pointed to the same of the s	Abnorm sued — rifficate i	el Physical Medical ssued — De	Findings Certification of Denial	the Further Issued (C	ES Mec Evaluation Copy Atta	□ NO lical & Stud on ached)	Codd Cleri	ed By: cal Reject ertificate	
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FAA Form 8500-8 (3-99) Supersedes Previous Edition

NSN: 0052-00-670-6002

		pl. ID: 1999			pl. for:	[] A	irman Med. Cert		en Med. and	Student	Pilot Cert.	
	rass of med. Cert. Applied	·	3. Last	: ALSHEH	HI		First:	MARWAN		Middle	E Y 4. SSN: 888	-00-7426
	Jr.: 3389 SHERIDAN ST # 2	256		City: HC	DLLYWO	OD	St.: Fl	L / Cou.: USA	Zip: 33021	1-3606	Tel.:	
6. 1	DOB: 05/09/1978	Citizenship:	7	7. Hair Clr.:	BLACK			8. Eye Cir.:	BROWN		9. Sex: male	
10.	Type of Airman Certificate(s)	ou Hold:			[X] None	•		[] Student			[] Other	
•	irline Transport				[] ATC S	pecia	ilist	[] Flight Ins	structor		[] Recreational	
_	ommercial				[] Flight	Navig	ator] Flight En	gineer		[] Private	
	Occupation: STUDENT						Employer.					
13.	Has Your FAA Airman Medic	al Certificate E	ver Been D	enied, Susp	ended, o	r revo	ked?	[]Yes[X	No	If yes, giv	ve Date:	
Tota	al Pilot Time (Civilian Only)	14. To Date	: 12	15. Past 6	months:	12	16. Last	FAA Med. App	o. Date:		[X] No Prior	Арр.
17.	a. Do You Currently Use Any I	Meds. (Prescri	otion or No	nprescription	1)?		[X]No[]Yes (if)	yes, list medica	ation(s) used	l below.)	Prev. Re	eported
17.1	o. Do You Ever Use Near Visi	on Contact Ler	ns(es) Whil	e Flying?							[]Yes[X]No	
18.	Medical History – HAVE YO	U EVER IN YO	UR LIFE 8	EEN DIAGN	NOSED W	VITH,	HAD, OR DO Y	OU PRESENT	'LY HAVE A	NY OF T	HE FOLLOWING?	
	Answer "yes" or "no" for ever the explanation of the conditi											
	Condition	Yes	Condition		Yes	(Condition		Yes	Cor	ndition	Yes
а	Frequent or severe headaches	0 9	Heart or va	scular	0	m l	Mental disorders	of any sort;	0	r Mili	tary medical	0
ь	Dizziness or fainting spell	[] h	High or low	blood	0	n S	Substance deper	ndence or faile	d [s Me	dical rejection by	0
c	Unconsciousness for any	[] i	Stomach, li	ver, or	0	0 /	Alcohol depende	nce or abuse	0	t Rej	ection for life or	Ω
đ	Eye or vision trouble, except	[j	Kidney stor	ne ar	0	р 8	Suicide attempt		D	u Adr	mission to hospital	0
e	Hay fever or allergy	[] k	Diabetes		0	q, N	Motion sickness	requiring	0	x Oth	er illness, or	0
f.	Asthma or lung diseases		Veurologica	al disorders;	epilepsy,	seizu	ires, stroke, para	alysis, etc.				ß
	Conviction and/or Administrative	e Action Histor	v									Yes
ν.	History of (1) any conviction(s)	involving drivin	g while into	oxicated by,	while imp	aired	by, or while und	er the influence	e of alcohol	or a drug	or (2)	0
1	history of any conviction(s) or a driving privileges or which resu	dministrative a	ction(s) inv	olving an of	fense(s) v	vhich	resulted in the d	enial, suspens	ion, cancella	ation, or r	evocation of	u
144	Non-traffic conviction(s) (misde	maanom or fal	oniae\									
	Explanations:		011100).									0
	Explanations.											
19.	Visits to Health Professional	Mithia Last 2 V	'oarc									
ate		Street	Cars	City	Si		Zip	Country	Туре		Reason	
0.0	, raing	Ollock		Olly		•	ΣIP	Country	Тура		Neason	
20.	Applicant's National Driver I	Register and C	ertifying De	clarations:					Date:	07/24/20	000	
REP	ORT OF MEDICAL EXAMINAT											
21.		eight (lbs)			Demonstr	ated A	Ability (SODA)			24.	SODA Serial Numb	er
	68 22	28	ibi	SODA								
Chec	ck Each Item in Appropriate Co	lumn		Abnorm	/ Norm	Che	ck Each Item in	Appropriate C	olumn		Abnorm	/ Norm
25.	Head, Face, Neck, and Scalp				X	37.	Vascular syste	em				x
26.	Nose				×	38.	Abdomen and	l viscera (inclu	ding hemia)			×
27 .	Sinuses				X	39	Anus (Not incl	luding digital e:	xamination)			x
28.	Mouth and throat				x	40.	Skin					x
29.	Ears, general (internal and ex	temal canals; t	пеаліпд		x	41.	G-U system (N	Not including p	elvic examin	ation)		х
	under item 49)					42.	Upper and low	ver extremities	(Strength ar	nd range	of	X
30.	Ear drums (Perforation)				x							
31.	Eyes, general (Vision under it	em 50 to 54)			Х	43.	Spine, other m	nusculoskeleta	l			X
32.	Ophthalmoscopic				X	44.	Identifying bod	ly marks, scar,	tattoos (Siz	e and		X
33.	Pupils (Equality and reaction)	1			x							
34.	Ocular motility (Associated pa	rallei moveme	nt,		x	45.	Lymphatics					×
						46	Neurologic (Te	endon reflexes	, equilibrium	, senses,		x
35.	Lungs and chest (Not includin	g breast exami	nation)		×					•		
						47.	Psychiatric (Ap	ppearance, bel	havior, mood	, comm.	•	x
36.	Hear (Precordial activity, rhyth	m, sounds, an	d		X							
						48.	General system	mic				×

NOTES:Describe every abnormality in detail. Enter applicable item nor before each comment.

9	f `												
 Б. н	earing	Conversationa	al Voice Te	st at 6 fee	et	[X]Pas	ss[]Fail	Record Au	diometric	Speech D	iscriminati	on Score	
	eter			Right	t Ear		_			L	eft Ear		
		500	1000	200		3000	4000	5	500 1	000	2000	3000	4000
50. Dis	stant Vision			51.a. No	ear Visio	n		51.b.	Interme	diate Visio	n - 32 incl	nes	52. Color Vision
Right 20	0/ 200	Corrected to 20/	20	Right 20/	40	Correcte	ed to 20/	Right	20/	Corre	ected to 20	/	[X] Pass
Left 20/	200	Corrected to 20/	20	Left 20/	40	Correcte	ed to 20/	Left 2	20/	Corre	ected to 20	/	[] Fail
Both 20/	/ 200	Corrected to 20/	20	Both 20/	40	Correcte	ed to 20/	Both	20/	Corre	ected to 20	/	•
53. Fie	ld of Vision	54,	Heteropho	ria 20' (in	prism di	opters)		Esophoria	Exopho	oria	Right H	yperphoria	Left Hyperphori
[X]Norm	at[]Abnom	al											
55. Blo	od Pressur	e		56.	Pulse		57. Urii	nalysis				58. EC	G (Date)
Sitting, r	mm	Systolic	Diastolic	(Re	esting)		(If abnor	mal, give results)	Alburmin	Sug	ar	
		140	90	72			[X]Norm	al []Abnormal					
59. Ot	ther Tests C	Siven											
60. Co (A	omments or attach all co	n History and Find nsultation reports	dings: AME , ECGs, X	shall cor rays, etc.	nment or to this re	n all "YES' eport befor	answers e mailing.	in the Medical Hi).	istory sec	tion and fo	r abnorma	l findings of	the examination.
Limitatio Must we	on 1: ear correctiv	e lenses.											
Significa	ent Medical	History	[]Ye	s (X)No				Abnormal Physica	al Finding	s	87	es (X)No	
61. Ap	oplicant's Na	ame				62. Has	been Issu	ed ~ []Me	ed. Cert.	[X]Med.	and Stude	ent Pilot Cer	1.
ALSHE	HHI,MARW.	AN YOUSEF						[]No	Certifica	te Issued -	- Deferred	for Further	Evaluation
								· DHa	s Been D	enied – Le	etter of De	nial Issued ((Copy attached)
63. Dis	squalifying l	Defects (list by ite	em number	r)									
64. Med	dical Exami	ner's Declaration	- I hereby	certify the	at i have	personally	y reviewed	the medical hist	ory and p	ersonally e	examined 1	he applican	t named on this
Date of f	Examination	n Aviation I	Medical Ex	aminer's I	Name			Certifica	ste/Form i	Nbr			
07/24/20	000	DROBA,	ARTHUR F	₹,				FF1409	542				

State: FL Zip: 34232-0000

Street: 1020 HONORE AVENUE

SARASOTA

AME Serial Number: 19175

AME Telephone: 941-377-6674

SHEHHI, MARWAN YOUSEF SSN: 888007426 Applid: 1999252133 PI#:

KHATCHER: 10/04/2001 10:08:09 AMJ AMC-730 REQUESTING CERTIFIED COPY, REQUEST IS COMPLETE, SENDING TO SCANNING.

CERTIFICATE OF TRUE COPY

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

medical record of MARWAN YOUSEF ALSHEHHI dated July 24, 2000,

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

Signed and dated at		Oklahoma City, Oklahoma			
this _	4th	day of _	October	_ , 20	01
by	JOYCE YOUELL Acting Supervisor, Medical Records Section				
			on Division	section	
-	Civ	(Titalia)			

I HEREBY CERTIFY that

JOYCE YOUELL

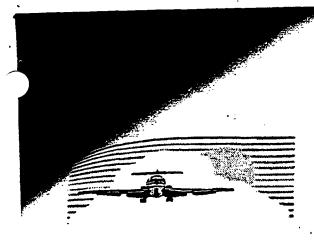
who signed the foregoing certificate is now, and was, at the time of signing the legal custodian of the aforesaid records,

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

Amc - 730 1: Cort N/C

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused the seal of the Department of Transportation to be affixed this October Oklahoma City, Oklahoma HENRY K. BOREN, D.O. (Signature) Acting Manager, Aeromedical Certification Division Civil Aeromedical Institute Department of Transportation

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

PRECEDENCE:	SECURITY CLASSIFICATION:
Action	Class
Info	Unclas
FOR INFORMATION C	CALL: Special Agent Brenda L. Smith
Phone Number: (405) 954	Fax: (405) 954-4989
Date: 10/4/01	1.9 % P
TO: Kay Hatch	her
Fax #: X44280	· · · · · · · · · · · · · · · · · · ·
	ched is the following information on:
please provide the follow	Certified medicals on
Thanks	Bunda Page i of 1

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 someonic with that statute.



Administration

Memorandum

Subject

ACTION: Request for Certified Records

Dete October 4, 2001

of Airman Documents

Manager, Compliance and Enforcement Branch, AMC-730

Reply to

Brenda L. Smith, AMC-731

(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.

NAME

SSN

Date of Birth

Marwan Y. ALSHEHHI

888-00-7426

05/09/1978

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.

Bunde Smith

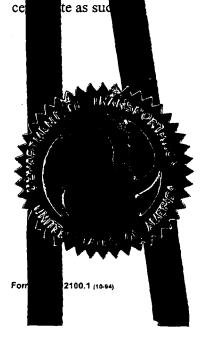
CERTIFICATE OF TRUE COPY

BY CERTIFY that the attached is a true copy of the complete airman file pertaining to d Atta, date of birth September 1, 1968. 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
mar migray
by Mae McGary
Supervisor, Certification Section C
(Title)
* * * * * * * * * * * * * * * * * * *

I HEREBY CERTIFY that Mae McGary

where the coing certificate is now, and was, at the time of signing Supervisor, Certification C, the last stodian of the aforesaid records, and that full faith and credit should be given this te 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

(Signature)

Manager, Airmen Certification Branch

(Title)

Civil Aviation Registry

U. S. Department of Transportation

9 1 9 2 0 3 4 5

APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED ARMAN CERTIFICATE(S) AND KNOWLEDGE TEST REPORT(S)

PRIVACY ACT: This information is required under the authority of the Federal Astation Act (Section 602). Certification cannot be completed unless the data is complete. Disclosure of your Social Security Number (SSN) is optional. Routine uses of records maintained in the system include categories of users and the purposes of such users (i.e., to determine that airmen are certified in accordance with the provision of the Federal Astation Act of 1988; repository of documents used by individual and potential employers to determine shifdly of airmen qualifications; to support investigative efforts of investigation and tan enforcement agencies of Federal, State, and local governments; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airman Information System (CA18); and to provide documents for microfilm and microfiche backup records.

Type of Certificate(s)	Certificate Numbers(s)	Date(s) of Issuance	
Commercial Pilot	2638990	12/21/2000	
		A Company of The Section	
Type of Test	Location Test Was Taken	Date of Knowledge Test	
Complete name in which certificate was issued:	MOHAME O	MM N ATTA	
Present mailing 3389 SHERIO	AN ST Physical address:	ddle) (last)	
#256	([fapplicable)		
Hollywood, FL	33021		
(If address is a PO Box, Rural Route, General or map for locating your residence.)	d Delivery, or Star Route; please pro	vide a physical address, direction	
Date and place of birth: 09/01/196	(8 KAER E	CHIKH -EGYPT-	
Physical Description: Height (Inches) 67	1. 100 (1.1) "		
Social Security Number: NIA	Citizenship:	على والرواية والمنظمة المؤلفة والمؤلول المعطونية والمواثية المنطقة المنطقة المواثقة والمعالم والموارية	
l'enclose Check money or	and the state of t		
06-04-01	Ml	ad Atta	
The fee for each duplicate Airman or Medical Co	ertificate is \$2. The fee for each knowl	edge test report is \$1. Check or	
money order for total fees (payable to the FAA)	must accompany request.		
Report, mail this request to:	tedical or combined Student/Medical, his request to: rul Aviation Administration.	For radio/telephone license, mail this request to: Foderal Communication Communication	
Airmen Certification Branch, Al'S-760 Med Post Office Box 25082 Post	ical Certification Branch, AAM-334 Office Box 25082 homa City, OK 73125	1919 M. Sireet, NW.; Washington, DC 20554	

011561910512 82.00 06/07/2001