

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

For

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

WARNING: THIS DOCUMENT CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER THE PROVISIONS OF 49 CFR PART 1520. NO PART OF THIS DOCUMENT MAY BE RELEASED WITHOUT THE WRITTEN PERMISSION OF THE UNDER SECRETARY OF TRANSPORTATION FOR SECURITY, WASHINGTON, DC 20590. UNAUTHORIZED RELEASE MAY RESULT IN CIVIL PENALTY OR OTHER ACTION. FOR U.S. GOVERNMENT AGENCIES, PUBLIC AVAILABILITY TO BE DETERMINED UNDER 5 U.S.C. 552.

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 3B |
| ➤ Marwan Yousef Alshehhi | Tabs 4A and 4B |
| ➤ Mohamed Atta | Tabs 5A and 5B |
| ➤ Hani Saleh Hanjoor | Tabs 6A and 6B |
| ➤ Ziad Jarrah | Tabs 7A and 7B |

- 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.

*Attached to
this memo*

- 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 airman 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:

SENSITIVE SECURITY INFORMATION

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NCTA000010812

- 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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NCTA000010813

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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NCTA000010814

Date: 5/9/2002 9:31 AM
Sender: Mike Morse
To: 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
Date: 5/8/2002 12:40 PM

We were recently notified that Waleed Ahmed AL-SHEHRI, ssn [REDACTED] 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

NCTA000010815

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

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

Harold K. Everett

(Signature)

Manager, Airmen Certification Branch

(Title)

Civil Aviation Registry

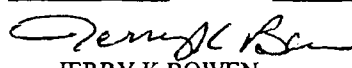
U. S. Department of Transportation

DEPARTMENT OF TRANSPORTATION


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,

file 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 
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

Transmitted
Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT

Form Approved OMB NO. 2120-0034

FAA Form 8500-8
Medical Certificate - Second Class
AND STUDENT PILOT CERTIFICATE

1. Name (Last, First, Middle)
MAUSSAOUI ZACHARIAS

2. Address
Airman Flight School
1950 GORDARD AVE. Max Westhammerfield
Day Norman State / Country 73059

3. Date of Birth **05/30/1968** 4. Sex **M** 5. Color of Hair **Black** 6. Color of Eyes **Black** 7. Social Security Number **MM 1001 4444**

8. Date of Examination **March 1, 2001** 9. Examiner's Designation No. **22410-7**

10. Signature of Applicant **[Signature]** 11. Signature of Examiner **[Signature]**

1. Application For:
☐ Airman Medical Certificate ☒ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:
☐ 1st ☒ 2nd ☐ 3rd

3. Last Name **MAUSSAOUI** First Name **ZACHARIAS** Middle Name

4. Social Security Number

5. Address **Airman Flight School** Telephone Number ()

Number / Street **1950 GORDARD AVE. Max Westhammerfield**

City **Norman** State / Country **OK** Zip Code **73059**

6. Date of Birth **05/30/1968** 7. Color of Hair **Black** 8. Color of Eyes **Black** 9. Sex **M**

Citizenship **MM 1001 4444**

10. Type of Airman Certificate(s) You Hold:
☐ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☒ Commercial ☐ Flight Navigator ☐ Student

11. Occupation **Student** 12. Employer

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?
☐ Yes ☒ No If yes, give date **MM/DD/YYYY**

Total Pilot Time (Civilian Only) 14. To Date 15. Past 6 months 16. Date of Last FAA Medical Application ☐ No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?
☒ No ☐ Yes (If yes, below list medication(s) used and check appropriate box)

17.b. Do You Ever Use Near Vision Contact Lenses (as Worn) While Flying?
☒ 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" 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. See Instructions Page.

| No | Condition | Yes | No | Condition | Yes | No | Condition | Yes | No | Condition | Yes | No |
|--------------------------|--------------------------------------|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|--------------------------------------|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Frequent or severe headaches | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Heart or vascular trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chronic disorders of any sort | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Military medical discharge | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | Dizziness or fainting spells | <input type="checkbox"/> | <input checked="" type="checkbox"/> | High or low blood pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Substance dependence or abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medical rejection by military service | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | Unconsciousness for any reason | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stomach, liver, or intestinal troubles | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Alcohol dependence or abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Rejection for life or health insurance | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | Eye or vision trouble except glasses | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Kidney stone or blood in urine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Suicide attempt | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Admission to hospital | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | Hay fever or allergy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Motion sickness requiring medication | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other illness, disability, or surgery | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | Asthma or lung disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Neurological disorders, epilepsy, seizures, strokes, paralysis, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |

Conviction and/or Administrative Action History - See Instructions Page

Yes ☐ No ☒ 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 arrest and/or an educational or a rehabilitation program.

Yes ☐ No ☒ History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

FOR FAA USE
Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No See Instructions Page

| Date | Name, Address, and Type of Health Professional Consulted | Reason |
|------|--|--------|
| | | |
| | | |
| | | |

20. Applicant's National Driver Register and Certifying Declarations

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both, (18 U.S. Code Secs. 1001; 3571).

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby 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 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 **03/01/2001** **MM/DD/YYYY**

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

| | | | | | | | | | |
|---------------------|--|---------------------|--|--|--|--|--|------------------------|--|
| 21. Height (inches) | | 22. Weight (pounds) | | 23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> YES <input type="checkbox"/> NO Defect Noted: _____ | | | | 24. SODA Serial Number | |
|---------------------|--|---------------------|--|--|--|--|--|------------------------|--|

| CHECK EACH ITEM IN APPROPRIATE COLUMN | | | | CHECK EACH ITEM IN APPROPRIATE COLUMN | | | | |
|---|--------|----------|---|---------------------------------------|----------|--|--------|----------|
| | Normal | Abnormal | | Normal | Abnormal | | Normal | Abnormal |
| 25. Head; face, neck, and scalp | | | 37. Vascular system (Pulse, amplitude and character, arms, legs, others) | | | | | |
| 26. Nose | | | 38. Abdomen and viscera (including hernia) | | | | | |
| 27. Sinuses | | | 39. Anus. (Not including digital examination) | | | | | |
| 28. Mouth and throat | | | 40. Skin | | | | | |
| 29. Ears, general (Internal and external canals; Hearing under item 49) | | | 41. G-U system (Not including pelvic examination) | | | | | |
| 30. Ear Drums (Perforation) | | | 42. Upper and lower extremities (Strength and range of motion) | | | | | |
| 31. Eyes; general (Vision under items 50 to 54) | | | 43. Spine, other musculoskeletal | | | | | |
| 32. Ophthalmoscopy | | | 44. Identifying body marks, scars, tattoos (Size & location) | | | | | |
| 33. Pupils (Equality and reaction) | | | 45. Lymphatics | | | | | |
| 34. Ocular motility (Associated parallel movement, nystagmus) | | | 46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.) | | | | | |
| 35. Lungs and chest (Not including breast examination) | | | 47. Psychiatric (Appearance, behavior, mood, communication, and memory) | | | | | |
| 36. Heart (Precordial activity, rhythm, sounds, and murmurs) | | | 48. General systemic | | | | | |

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

| 49. Hearing | | Record Audiometric Speech Discrimination Score Below | | Right Ear | | | | | Left Ear | | | | |
|--|--|--|--|-----------|------|------|------|------|----------|------|------|------|------|
| Conversational Voice Test at 6 Feet <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | Audiometer Threshold in decibels | | 500 | 1000 | 2000 | 3000 | 4000 | 500 | 1000 | 2000 | 3000 | 4000 |
| | | | | | | | | | | | | | |

| | | | | | | | |
|--------------------|------------------|-------------------|------------------|---------------------------------------|------------------|--|--|
| 50. Distant Vision | | 51.a. Near Vision | | 51.b. Intermediate Vision - 32 inches | | 52. Color Vision | |
| Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | | |
| Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | | |

| | | | | | | | | | | | |
|---|--|--|--|-----------|--|-----------|--|-------------------|--|------------------|--|
| 53. Field of Vision | | 54. Heterophoria 20' (in prism diopters) | | Esophoria | | Exophoria | | Right Hyperphoria | | Left Hyperphoria | |
| Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> | | | | | | | | | | | |

| | | | | | | | |
|--------------------------|----------------------|---------------------|--|---|--|-------------------------------|--|
| Blood Pressure | | 55. Pulse (Resting) | | 57. Urinalysis (If abnormal, give results) | | 58. ECG (Date) | |
| (Sitting, mm of Mercury) | Systolic / Diastolic | | | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | Albumin Sugar M M D D Y Y Y Y | |

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.) | | FOR FAA USE | |
| | | Pathology Codes | |
| | | Coded By | |
| | | Clerical Recd | |

| | | | |
|--|--|---|--|
| Significant Medical History <input type="checkbox"/> YES <input type="checkbox"/> NO | | Abnormal Physical Findings <input type="checkbox"/> YES <input type="checkbox"/> NO | |
|--|--|---|--|

| | | | |
|----------------------|--|--|--|
| 61. Applicant's Name | | 62. Has Been Issued — <input type="checkbox"/> Medical Certificate <input checked="" type="checkbox"/> Medical & Student Pilot Certificate | |
| | | <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 medical examination report. This report with any attachment embodies my findings completely and correctly.

| | | | | | |
|---------------------|--|----------------------------------|--|---------------------------------------|--|
| Date of Examination | | Aviation Medical Examiner's Name | | Aviation Medical Examiner's Signature | |
| M / D D / Y Y Y Y | | Street Address | | | |
| | | City State Zip Code | | | |
| | | | | AME Serial Number | |
| | | | | AME Telephone () | |

FAA Form 8500-8 (3-99) Supersedes Previous Edition

NSN:0052-00-670-6002

NCTA000010827

Appl. ID: 1999301110

1. Appl. for: ☐ Airman Med. Cert. ☒ Airman Med. and Student Pilot Cert.

2. Med. Cert. Applied ☐ 1st ☒ 2nd ☐ 3rd

3. Last: MOUSSAOUI

First: ZACARIAS

Middle: 4. SSN: 888-01-3454

1950 GODDARD AVE # FLIGHT

City: NORMAN

St.: OK / Cou.:

Zip: 73069-8469

Tel.:

DOB: 05/30/1968

Citizenship:

7. Hair Clr.: BLACK

8. Eye Clr.: 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: STUDENT

12. Employer: NONE

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

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:

NONE

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: 03/01/2001

REPORT OF MEDICAL EXAMINATION

| 21. Height (Inches) | 22. Weight (lbs) | 23. Statement of Demonstrated Ability (SODA) | 24. SODA Serial Number |
|---------------------|------------------|--|------------------------|
| 68 | 205 | ibSODA | |

| 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.

45. Hearing
Auditory

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

50. Distant Vision

Right 20/ 20 Corrected to 20/

Left 20/ 20 Corrected to 20/

Both 20/ 20 Corrected to 20/

51.a. Near Vision

Right 20/ 20 Corrected to 20/

Left 20/ 20 Corrected to 20/

Both 20/ 20 Corrected to 20/

51.b. Intermediate Vision - 32 inches

Right 20/ Corrected to 20/

Left 20/ Corrected to 20/

Both 20/ Corrected to 20/

52. Color Vision

[X] Pass

[] Fail

53. Field of Vision

[X]Normal[]Abnormal

54. Heterophoria 20' (in prism diopters)

Esophoria

0

Exophoria

0

Right Hyperphoria

0

Left Hyperphoria

0

55. Blood Pressure

Sitting, mm

Systolic

127

Diastolic

83

56. Pulse

(Resting)

85

57. Urinalysis

(If abnormal, give results)

[X]Normal []Abnormal

Albumin

Sugar

58. ECG (Date)

59. Other Tests Given

NONE

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.)

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

Limitation 1:

None

Significant Medical History

[]Yes [X]No

Abnormal Physical Findings

[]Yes [X]No

61. Applicant's Name

MOUSSAOUI,ZACARIAS

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

LYNN,CLYDE A.

Certificate/Form Nbr

FF1278810

Street: 1317 BROOKHAVEN BLVD

City: NORMAN

State: OK Zip: 73072-3638

AME Serial Number: 07448

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

COPIES: 1 PAGES: 36

ACCESS RESTRICTED

The item identified below has been withdrawn from this file:

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

91

2 1 9 8

TEMPORARY AIRMAN CERTIFICATE

B. CERTIFICATE NO.

2030062

THIS CERTIFICATE IS ISSUED BY
MARWAN YOUSEF ALSHEIKH
518 W LAUREL ROAD
NOKOMIS FL 34275

DATE OF BIRTH: 05/08/1978 SEX: M HEIGHT: 5'05" WEIGHT: 150 LBS. HAIR: BLACK EYES: BROWN SKIN: M. NATIONALITY: UNITED ARAB EMIR

PRIVATE PILOT

WATER & AIRCRAFT FOR
AIRPLANE SINGLE ENGINE LAND
INSTRUMENT AIRPLANE

BY AIRMAN'S SIGNATURE

BY DIRECTION OF THE ADMINISTRATOR

DATE OF ISSUANCE

11/20/2000

DAVID T. SUELL WHITMAN

5036

DATE OF EXPIRATION OF THIS CERTIFICATE

08/09/2003

EXAMINER'S OR SIGNER'S NO. 1

1105783

DATE OF SIGNATURE

04/30/2001

FAA FORM 8000-4 10-79

116 THE WHITE HOUSE

ACFA EXAMINER'S NO.

NCTA000010869

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No. 2120-0021


 UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION
 FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|------------------------------|-------|------------|-----|---|-------|------------------------|------|---------------------------------|-------|----------------|-------|--|-----|---------------------|------|-----------|-------|-------------------|------|--------------|-------|--|------|-------------------|------|--|-----|------------|------|--|-----|--|-----|--|-----|
| I. Application Information | | <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 Rating | | <input type="checkbox"/> Airplane Single-Engine | <input checked="" type="checkbox"/> Airplane Multiengine | <input type="checkbox"/> Rotorcraft | <input type="checkbox"/> Balloon | <input type="checkbox"/> Airship | <input type="checkbox"/> Powered SR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Flight Instructor | | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Additional Instructor Rating | | <input type="checkbox"/> Ground Instructor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Medical Flight Test | | <input type="checkbox"/> Recertification | <input type="checkbox"/> Reissuance of Certificate | | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Name (Last, First, Middle) ALSHEHHI, MARWAN YOUSEF | | B. SSN (US Only) DO NOT USE | | C. Date of Birth Month Day Year 05/09/1978 | | D. Place of Birth RASALKHAIMAH UNITED ARAB EM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Address 518 W LAUREL ROAD NOKOMIS, FL 34275 | | F. Citizenship <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other UNITED ARAB EMIR | | G. Do you read, speak, write, & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | H. Height 58 00 In. | I. Weight 228 00 Lbs. | J. Hair BLACK | K. Eyes BROWN | L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M. Do you now hold, or have you ever held an FAA Pilot Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | N. Grade Pilot Certificate PRIVATE PILOT | | O. Certificate Number 2836862 | | P. Date Issued 11/20/2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q. Do you hold a Medical Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | R. Class of Certificate THIRD CLASS MEDICAL | | S. Date Issued 07/24/2000 | | T. Name of Examiner A DROBA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | V. Date of Final Conviction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W. Certificate or Rating Applied For on Basis of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> A. Completion of Required Test | 1. Aircraft to be used 1.) PA-34-200T 2.) | | 2a. Total Time in this aircraft /SM /FTD 1.) 29.80 2.) SM) FTD) hours | | 2b. Pilot in Command 1.) 10.20 2.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> B. Military Competence Obtained In | 1. Service | | 2. Date Rated | | 3. Rank or Grade and Service Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft | | 4b. US Military PIC & Instrument check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> C. Graduate of Approved Course | 1. Name and Location of Training Agency or Training Center | | | | | 1a. Certification Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Curriculum From Which Graduated | | | | | 3. Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> D. Holder of Foreign License Issued By | 1. Country | | 2. Grade of License | | 3. Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Ratings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> E. Completion of Air Carrier's Approved Training Program | 1. Name of Air Carrier | | 2. Date | | 3. Which Curriculum <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. RECORD OF PILOT TIME <table border="1"> <tr> <td>Ft Time All Categories Total</td> <td>244.8</td> <td>Solo Night</td> <td>5.0</td> </tr> <tr> <td>Ft Time All Categories Powered Aircraft</td> <td>244.8</td> <td>Solo Takeoffs/Landings</td> <td>10.0</td> </tr> <tr> <td>Ft Time All Categories Airplane</td> <td>244.8</td> <td>Ft Instr Total</td> <td>123.0</td> </tr> <tr> <td>Ft Time All Categories Sim/Training Device</td> <td>5.3</td> <td>Ft Instr Instrument</td> <td>40.0</td> </tr> <tr> <td>PIC Total</td> <td>141.6</td> <td>Ft Instr Airplane</td> <td>40.0</td> </tr> <tr> <td>PIC Airplane</td> <td>141.6</td> <td>Ft Instr Train/Complex/Turbine-Power Airplan</td> <td>19.0</td> </tr> <tr> <td>PIC Cross Country</td> <td>90.2</td> <td>Ft Instr Cross Cntry (2 hrs/Daily VFR/100nm)</td> <td>1.0</td> </tr> <tr> <td>Solo Total</td> <td>10.2</td> <td>Ft Instr Cross Cntry (2 hrs/Night VFR/100nm)</td> <td>1.0</td> </tr> <tr> <td>Solo Cross Cntry Flts (300 nm/3 landing pts)</td> <td>1.0</td> <td>Ft Instr Hrs in Prep 60 Days Prior to Test</td> <td>3.0</td> </tr> </table> | | | | | | | | Ft Time All Categories Total | 244.8 | Solo Night | 5.0 | Ft Time All Categories Powered Aircraft | 244.8 | Solo Takeoffs/Landings | 10.0 | Ft Time All Categories Airplane | 244.8 | Ft Instr Total | 123.0 | Ft Time All Categories Sim/Training Device | 5.3 | Ft Instr Instrument | 40.0 | PIC Total | 141.6 | Ft Instr Airplane | 40.0 | PIC Airplane | 141.6 | Ft Instr Train/Complex/Turbine-Power Airplan | 19.0 | PIC Cross Country | 90.2 | Ft Instr Cross Cntry (2 hrs/Daily VFR/100nm) | 1.0 | Solo Total | 10.2 | Ft Instr Cross Cntry (2 hrs/Night VFR/100nm) | 1.0 | Solo Cross Cntry Flts (300 nm/3 landing pts) | 1.0 | Ft Instr Hrs in Prep 60 Days Prior to Test | 3.0 |
| Ft Time All Categories Total | 244.8 | Solo Night | 5.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ft Time All Categories Powered Aircraft | 244.8 | Solo Takeoffs/Landings | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ft Time All Categories Airplane | 244.8 | Ft Instr Total | 123.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ft Time All Categories Sim/Training Device | 5.3 | Ft Instr Instrument | 40.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PIC Total | 141.6 | Ft Instr Airplane | 40.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PIC Airplane | 141.6 | Ft Instr Train/Complex/Turbine-Power Airplan | 19.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PIC Cross Country | 90.2 | Ft Instr Cross Cntry (2 hrs/Daily VFR/100nm) | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solo Total | 10.2 | Ft Instr Cross Cntry (2 hrs/Night VFR/100nm) | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solo Cross Cntry Flts (300 nm/3 landing pts) | 1.0 | Ft Instr Hrs in Prep 60 Days Prior to Test | 3.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. Have you failed a test for this certificate or rating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 MARWAN YOUSEF ALSHEHHI | | | | | | Date 12/21/2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FAA Form 2120-1 (24-02) Supersedes Previous Editions (NOM 2002-08-02-0002)

Applicant Number 138512280001221083007

ACRA Signature V2.00

138512280001221083007

NCTA000010070

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

Federal Aviation Administration
Airman Computer Test Report

EXAM TITLE: Commercial Pilot Airplane (CAX)

NAME: ALSHRIHI, MARWAN YOUSSEF 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.

| | | | | | | | | | |
|-----|-----|------|------|------|------|------|------|-----|-----|
| B07 | B08 | B11 | H303 | H300 | H307 | H308 | H66 | I23 | I24 |
| J25 | I64 | H342 | H574 | I08 | A02 | H317 | H105 | | |

EXPIRATION DATE: 12/31/2002

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 _____

9 1 1 2 2 3
PRINT ALL ENTRIES IN INK

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) ALSHEHHI, MARWAN YOUSEF.
Social Security Number
Certificate Number 2836862
Date issued 12/21/2000

Permanent Mailing Address

U.S.

Foreign

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

Address the applicant requests the certificate be sent to:

U.S.

Foreign

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

Physical Description as entered:

TEMPORARY AIRMAN CERTIFICATE

NAME: MARWAN YOUSEF AL SHEHMI
 ADDRESS: 510 W LAUREL ROAD
 NOKOMIS, FL 34275

DATE OF BIRTH: 05/05/1978
 SEX: M
 WEIGHT: 228
 HAIR: BLACK
 EYES: BROWN
 SKIN: M
 NATIONALITY: UNITED ARAB EMIR

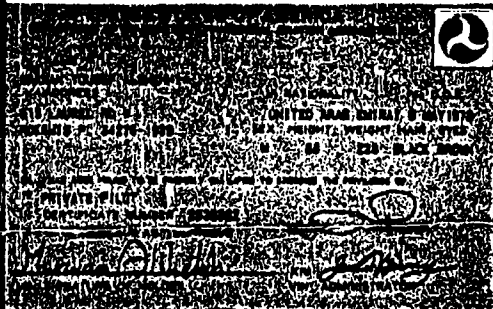
CLASS: PRIVATE PILOT
 CATEGORY: AIRPLANE SINGLE ENGINE LAND
 INSTRUMENT AIRPLANE

EXAMINER'S SIGNATURE

DATE OF EXPIRATION: 09/09/2000
 EXAMINER'S DESIGNATION: INSPECTOR'S REG. NO. 803500018
 DATE OF ISSUANCE: 11/20/2000
 BY DIRECTION OF THE ADMINISTRATOR: DAVID LUSIE WHITMAN
 SIGNATURE: [Signature]

FAA FORM 9300-4 (6-79)

59090880



NCTA000010874

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.

TYPE OR PRINT ALL ENTRIES IN INK

Form ACRA Form V2, 11/20/2000

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| I. Application Information | | <input type="checkbox"/> Student | <input type="checkbox"/> Recreational | <input type="checkbox"/> Private | <input type="checkbox"/> Commercial | <input type="checkbox"/> Airline Transport | <input checked="" type="checkbox"/> Instrument |
| <input type="checkbox"/> Additional Rating | | <input checked="" type="checkbox"/> Airplane Single Engine | <input type="checkbox"/> Airplane Multiengine | <input type="checkbox"/> Rotocraft | <input type="checkbox"/> Balloon | <input type="checkbox"/> Airship | <input type="checkbox"/> Other |
| <input type="checkbox"/> Flight Instructor | | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | <input type="checkbox"/> Reissuance of | <input type="checkbox"/> Additional Instructor Rating | | <input type="checkbox"/> Ground Instructor |
| <input type="checkbox"/> Medical Flight Test | | <input type="checkbox"/> Examination | <input type="checkbox"/> Reissuance of | <input type="checkbox"/> Certificate | | <input type="checkbox"/> Other | |
| A. Name (Last, First, Middle) ALSHEHHI, MARWAN YOUSEF | | B. SSN (US Only) DO NOT USE | | C. Date of Birth Month Day Year 05/09/1978 | | D. Place of Birth RASALKHAIMAH UNITED ARAB EM | |
| E. Address 516 W LAUREL ROAD NOKOMIS, FL 34275 | | F. Citizenship <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other UNITED ARAB EMIR | | G. Do you read, speak, write & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | H. Height 88 00 in. | I. Weight 228.00 lbs. | J. Hair BLACK | K. Eyes BROWN | L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| M. Do you now hold, or have you ever held an FAA Pilot Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | N. Grade Pilot Certificate PRIVATE PILOT | | O. Certificate Number 2638882 | | P. Date Issued 9/09/2000 | |
| Q. Do you hold a Medical Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | R. Class of Certificate THIRD CLASS MEDICAL | | S. Date Issued 07/24/2000 | | T. Name of Examiner A DROBA | |
| U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| V. Date of Final Conviction | | | | | | | |
| II. Certificate or Rating Applied For on Basis of: | | | | | | | |
| <input checked="" type="checkbox"/> A. Completion of Required Test | 1. Aircraft to be used 1) PA-28-181 2) | | 2a. Total Time in this aircraft (BIM #TD 1) 90.00 2) \$B\$) FTD) hours | | 2b. Pilot in Command 1) 89.00 2) hours | | |
| <input type="checkbox"/> B. Military Commission Obtained In | 1. Service | | 2. Date Rated | | 3. Rank or Grade and Service Number | | |
| 4a. Flight: 10 hours PIC in last 12 months in the following Military Aircraft | | 4b. US Military PIC & Instrument check | | | | | |
| <input type="checkbox"/> C. Graduate of Approved Course | 1. Name and Location of Training Agency or Training Center | | | | | 1a. Certification Number | |
| 2. Curriculum From Which Graduated | | | | | 3. Date | | |
| <input type="checkbox"/> D. Holder of Foreign License Issued By | 1. Country | | 2. Grade of License | | 3. Number | | |
| 4. Ratings | | | | | | | |
| <input type="checkbox"/> E. Completion of Air Carrier's Approved Training Program | 1. Name of Air Carrier | | 2. Date | | 3. Which Curriculum <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition | | |
| III. RECORD OF PILOT TIME | | | | | | | |
| Flight Time | | Simulator/Training Device/PCATD | | | | | |
| Cross Country as PIC - All Aircraft | | 60.0 | Total SIM - 81 | | 0.0 | | |
| Cross Country - Airplanes | | 60.0 | Total FTD - 81 | | 0.0 | | |
| Simulated/Actual Aircraft Instrument | | 63.0 | Total SIM - 142 | | 0.0 | | |
| Flight Instruction | | | Total FTD - 142 | | 0.0 | | |
| Instrument Instruction (in category) | | 48.6 | Total PCATD (in accordance with AC61-126) | | 0.0 | | |
| Hours in Prep 60 Days Prior/Test | | 3.0 | Total Flight Instruction | | 63.0 | | |
| # of Cross Country Flights | | 1 | | | | | |
| IV. Have you failed a test for this certificate or rating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | | MARWAN YOUSEF ALSHEHHI | | Date | | 11/20/2000 | |

FAA Form 8710-1 (04-00) Supersedes Previous Edition (N/A 1082-00-001 0001)

Applicant Number 15473864300112009-0533

ACRA Equivalent V2 03

0250055143/P3

Dingta

NCTA000010876

| Instructor's Recommendation | | | | | | | | | |
|--|--|--|-----------------------------------|--------|------------------------|--------|------|----|---------------|
| I have personally instructed the applicant and consider him/her ready to take the test. | | | | | | | | | |
| Date 11/17/2000 | Instructor's Signature (Print Name & Sign) THERRY A LEROU | Certificate No. 590190880CFI | Certificate Expires 09/30/2002 | | | | | | |
| Air Agency's Recommendation | | | | | | | | | |
| This applicant has successfully completed our recommended for certification or rating without further test. | | | | | | | | | |
| Date | Agency Name and Number | Officer's Signature | | | | | | | |
| | | Title | | | | | | | |
| Designated Examiner or Airman Certification Representative Report | | | | | | | | | |
| <input type="checkbox"/> Student Pilot Certificate issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 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;"> <input checked="" type="checkbox"/> Approved - Temporary Certificate issued (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notice issued (Original Attached) </div> | | | | | | | | | |
| Location of Test (Facility, City, State) VENICE, FL | | Duration of Test <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Ground</th> <th style="width: 33%;">Simulator/FTD (SIM)</th> <th style="width: 33%;">Flight</th> </tr> <tr> <td>1.40</td> <td>1)</td> <td>1) 1.50 2)</td> </tr> </table> | | Ground | Simulator/FTD (SIM) | Flight | 1.40 | 1) | 1) 1.50 2) |
| Ground | Simulator/FTD (SIM) | Flight | | | | | | | |
| 1.40 | 1) | 1) 1.50 2) | | | | | | | |
| Certificate or Rating for Which Tested INSTRUMENT, ASE, INITIAL | | Type(s) of Aircraft Used 1) PA-28-161 2) | | | | | | | |
| Registration No.(s) 1) N555HA 2) | | | | | | | | | |
| Date 11/20/2000 | Examiner's Signature (Print Name & Sign) DAVID LESLIE WHITMAN | Certificate No. 1505793 | Designation No. SO3500018 | | | | | | |
| Designation Expires 04/30/2001 | | | | | | | | | |
| Evaluator's Record (Use For ATP Rating and/or Type Ratings) | | | | | | | | | |
| Oral | Inspector | Examiner | Signature and Certificate Number | | | | | | |
| Approved Simulator/Training Device Check | | | | | | | | | |
| Aircraft Flight Check | | | | | | | | | |
| Advanced Qualification Program | | | | | | | | | |
| Aviation Safety Inspector or Technician Report | | | | | | | | | |
| I have personally tested this applicant in accordance with or have otherwise verified that the applicant complies with pertinent procedures, standards, policies, and/or necessary requirements with the results indicated below. <input type="checkbox"/> Approved - Temporary Certificate issued (Original attached) <input type="checkbox"/> Disapproved - Disapproval Notice issued (Original attached) | | | | | | | | | |
| Location of Test (Facility, City, State) | | Duration of Test <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Ground</th> <th style="width: 33%;">Simulator/FTD (SIM)</th> <th style="width: 33%;">Flight</th> </tr> <tr> <td></td> <td>1)</td> <td>1) 2)</td> </tr> </table> | | Ground | Simulator/FTD (SIM) | Flight | | 1) | 1) 2) |
| Ground | Simulator/FTD (SIM) | Flight | | | | | | | |
| | 1) | 1) 2) | | | | | | | |
| Certificate or Rating for Which Tested | | Type(s) of Aircraft Used 1) 2) | | | | | | | |
| Registration No.(s) 1) 2) | | | | | | | | | |
| <input type="checkbox"/> Student Pilot Certificate issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Military Competence <input type="checkbox"/> Renewal <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Foreign License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Release or Exchange of Pilot Certificate <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Instructor Renewal Based on <input type="checkbox"/> Special Medical test conducted - report forwarded to Aeronautical Certification Branch, AAM-336 <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities | | | | | | | | | |
| Training Course (FIRC) Name | | Graduation Certificate No. | | | | | | | |
| Date | | Date | | | | | | | |
| Inspector's Signature (Print Name & Sign) | | Certificate No. | | | | | | | |
| | | FAA District Office | | | | | | | |
| Attachments: | | | | | | | | | |
| <input checked="" type="checkbox"/> Airman's Identification (ID) <input type="checkbox"/> Student Pilot Certificate (copy) <input type="checkbox"/> Knowledge Test Report <input checked="" type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input checked="" type="checkbox"/> Supervised Pilot Certificate | | | | | | | | | |
| STUDENT ID Form of ID S049 203 506 533 Number Expiration Date Telephone Number | | ID: ALSHEH, MARWAN YOUSEF. Name: Date of Birth: 05/09/1978 Certificate Number: 2636862 Email Address: | | | | | | | |

ACRA Supplement V2.02

U.S.GPO: 1993 J-708-366

NCTA000010877

9 0 8 7 1 9 2 6

TYPE OR PRINT ALL ENTRIES IN INK



U.S. Dept. of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) ALSHEHHI, MARWAN YOUSEF.
Social Security Number
Certificate Number 2636862
Date issued 11/20/2000

Permanent Mailing Address

U.S.

Foreign

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

Address the applicant requests the certificate be sent to:

U.S.

Foreign

Street 516 W LAUREL ROAD
P.O. 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.

B10 I21 I61 H342 Y08 J35 J18 I10 J17 J27
J31 I04

EXPIRATION DATE: 11/30/2002

DO NOT LOSE THIS REPORT

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 _____

2636 SC.2

(UNITED STATES OF AMERICA)
DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

TEMPORARY AIRMAN CERTIFICATE

PENDING

THIS CERTIFICATE IS FOR: **MARWAN YOUSEF ALSHEHMI**
518 W LAUREL ROAD
NOKOMIS, FL 34275 *PI*

583007426

| | | | | | | |
|---------------|--------|--------|-------|-------|-----|------------------|
| DATE OF BIRTH | HEIGHT | WEIGHT | HAIR | EYES | SEX | NATIONALITY |
| 05/05/1978 | 68 | 228 | BLACK | BROWN | M | UNITED ARAB EMIR |

OK Has been found to be properly qualified and to hereby authorized to participate in the conditions of issuance on the
ground of this certificate to exercise the privileges of

PRIVATE PILOT

13 AIRPLANE SINGLE ENGINE LAND

PLAIDMAN'S SIGNATURE

DATE OF EXPIRATION 07/24/2000

BY DIRECTION OF THE ADMINISTRATOR

DATE OF ISSUANCE 08/08/2000

SIGNATURE OF ADMINISTRATOR *DAVID LESLIE WHITMAN*

INSPECTOR'S REG NO. 1805783

DATE EXPIRATION 04/30/2001

FAA FORM 8000-4 (8-79) USE PREVIOUS EDITION

I-2439964

NCTA000010880

TYPE OR PRINT ALL ENTRIES IN INK

7049 9360

Form Approved DMR No. 7126-0071


 UNITED STATES DEPARTMENT OF TRANSPORTATION
 FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

| | | | | |
|---|---|---|--|---|
| I. Application Information | | <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Instrument <input type="checkbox"/> Additional Rating <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Additional Instructor Rating <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Reexamination <input type="checkbox"/> Release of <input type="checkbox"/> Certificate <input type="checkbox"/> Other | | |
| A. Name (Last, First, Middle) ALSHEHHI, MARWAN YOUSEF | | B. SSN (US Only) DO NOT USE | C. Date of Birth Month Day Year 05/09/1978 | D. Place of Birth RASALKHAIMAH UNITED ARAB EM |
| E. Address 516 W LAUREL ROAD NORWICH, FL 32378 | | F. Citizenship <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other UNITED ARAB EMIR | | G. Do you read, speak, write, & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Height 68.00 In. | | I. Weight 228.00 Lbs. | J. Hair BLACK | K. Eyes BROWN |
| L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| M. Do you now hold, or have you ever held an FAA Pilot Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | N. Grade of Pilot Certificate STUDENT PILOT | O. Certificate Number 1408542 | P. Date Issued 7/24/2000 |
| Q. Do you hold a Medical Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | R. Class of Certificate THIRD CLASS MEDICAL | S. Date Issued 07/24/2000 | T. Name of Examiner A DROBA |
| U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | V. Date of Final Conviction |
| II. Certificate or Rating Applied For on Basis of: | | | | |
| <input checked="" type="checkbox"/> A Completion of Required Test | 1. Aircraft to be used 1) CE-150 2) | | 2a. Total Time in this aircraft RSM/FTD 1) 65.00 2) 0.00 S.M. FTD | 2b. Pilot in Command 1) 12.00 2) |
| <input type="checkbox"/> B Military Experience Obtained In | 1. Service | | 2. Date Rated | 3. Rank or Grade and Service Number |
| | 4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft | | 4b. US Military PIC & Instrument check | |
| <input type="checkbox"/> C Graduate of Approved Course | 1. Name and Location of Training Agency or Training Center | | | 1a. Certification Number |
| | 2. Curriculum from Which Graduated | | | 3. Date |
| <input type="checkbox"/> D Holder of Foreign License Issued By | 1. Country | 2. Grade of License | 3. Number | |
| | 4. Ratings | | | |
| <input type="checkbox"/> E Completion of Air Carrier's Approved Training Program | 1. Name of Air Carrier | 2. Date | 3. Which Curriculum <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition | |
| III. RECORD OF PILOT TIME | | | | |
| Ft Time-All Categories Total | | 65.0 | | |
| Ft Time-All Categories Flight Instrn | | 54.0 | | Solo Airplane Cross Country 12.0 |
| Ft Time - All Categories Solo | | 12.0 | | Solo Airplane # Flts (150 nm/3 landing pts) 1.0 |
| Instrn Airplane Cross Country | | 8.0 | | Solo Airplane TO/L 5.0 |
| Instrn Airplane Night | | 3.0 | | Simulator/Training Device Total 0.0 |
| Instrn Airplane Night/Cross Cntry Flts 100nm | | 1.0 | | Flight Total 65.0 |
| Instrn Airplane Night TO/L | | 11.0 | | Flight Instruction Total 54.0 |
| Instrn Airplane Instrument | | 5.0 | | |
| Instrn Airplane Hrs in Prep 80 Days Prior/Test | | 3.0 | | |
| IV. Have you failed a test for this certificate or rating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 MARWAN YOUSEF ALSHEHHI | | Date 09/09/2000 | | |

FAA Form 8710-1 (04-02) Supersedes Previous Editions (NOM 0052-00-000)

Applicant Number 300586451000808103814

ACRA Equivalent V2.01

11/50/35/1/4/1/0/ 8/3

NCTA000010881

U.S.GPO: 1963 J-760-300

NCTA000010882

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

Federal Aviation Administration
Airman Computer Test Report

EXAM TITLE: Private Pilot-Airplane (PAR)

NAME: ALSHEHII, MARWAM YOUSUF 90081420004604594

ID NUMBER: 05091978 TAKE: 1

DATE: 08/14/2000 SCORE: 83 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.

A02 B08 B09 H300 I25 I31 I57 I59 H346 H317

EXPIRATION DATE: 08/31/2002

DO NOT LOSE THIS REPORT

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 _____

NCTA000010883

9 0 4 0 0 3 6 2

PRINT ALL ENTRIES IN INK

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) ALSHEHHI, MARWAN YOUSEF.
Social Security Number
Certificate Number 1409542
Date Issued 09/09/2000

Permanent Mailing Address

U.S.

Foreign

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

Address the applicant requests the certificate be sent to:

U.S.

Foreign

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

Physical Description as entered:

DEPARTMENT OF TRANSPORTATION

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,

in 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 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

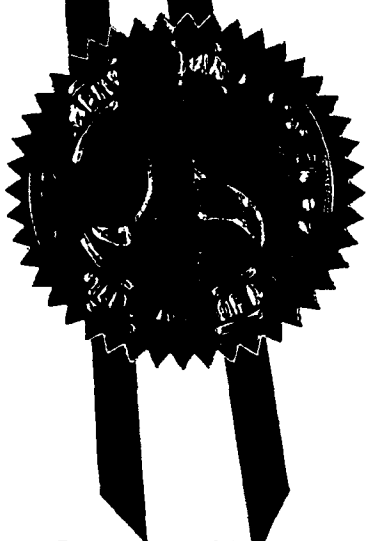
day of April, 2002

at Oklahoma City, Oklahoma


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

Manager, Aerospace Medical Certification Division
(Title)

Civil Aerospace Medical Institute
Department of Transportation



AUG 10 2000 Transmitted

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT

Form Approved OMB NO. 2120-0034

FF-1409542

MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE

Print name and address

Date of Birth Height Weight Hair Eyes Sex

Has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate

Holder shall wear corrective lenses while exercising the privileges of his/her Airman Certificate

Date of Examination Examiner Designation No

Signature

Typed Name

AIRMAN'S SIGNATURE

1. Application For: ☐ Airman Medical Certificate ☒ Airman Medical and Student Pilot Certificate 2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☒ 3rd

3. Last Name First Name Middle Name

Alshehri Marwan

4. Social Security Number

5. Address Telephone Number (914) 695-0468

Number / Street

City State / Country Zip Code

6. Date of Birth 05 09 1978 7. Color of Hair black 8. Color of Eyes brown 9. Sex M

Citizenship United Arab Emirates

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

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

11. Occupation 12. Employer

Student

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

☐ Yes ☒ No If yes, give date

MM/DD/YYYY

Total Pilot Time (Civilian Only) 14. To Date 15. Past 6 months

12 Est. 12

16. Date of Last FAA Medical Application

MM/DD/YYYY

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

☒ No ☐ Yes (If yes, below list medication(s) used and check appropriate box)

Previously Reported

Yes No

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. See Instructions Page

| reported on a previous application for an | | | | airman medical certificate and there has been no change in your condition. | | | | See instructions Page | | | | | | | |
|---|-------------------------------------|--------------------------------------|--|--|-------------------------------------|---|--|-----------------------|-------------------------------------|---|--|----|-------------------------------------|--|--|
| No | | Condition | | Yes | | No | | Condition | | Yes | | No | | Condition | |
| a. | <input checked="" type="checkbox"/> | Frequent or severe headaches | | a. | <input checked="" type="checkbox"/> | Heart or vascular trouble | | m. | <input checked="" type="checkbox"/> | Mental disorders of any sort: depression, anxiety, etc. | | r. | <input checked="" type="checkbox"/> | Military medical discharge | |
| b. | <input checked="" type="checkbox"/> | Dizziness or fainting spell | | h. | <input checked="" type="checkbox"/> | High or low blood pressure | | n. | <input checked="" type="checkbox"/> | Substance dependence or failed a drug test over or substance abuse on or off duty in the past 2 years | | s. | <input checked="" type="checkbox"/> | Medical rejection by military service | |
| c. | <input checked="" type="checkbox"/> | Unconsciousness for any reason | | l. | <input checked="" type="checkbox"/> | Stomach, liver, or intestinal trouble | | a. | <input checked="" type="checkbox"/> | Alcohol dependence or abuse | | l. | <input checked="" type="checkbox"/> | Rejection for life or health insurance | |
| d. | <input checked="" type="checkbox"/> | Eye or vision trouble except glasses | | j. | <input checked="" type="checkbox"/> | Kidney stone or blood in urine | | s. | <input checked="" type="checkbox"/> | Suicide attempt | | u. | <input checked="" type="checkbox"/> | Admission to hospital | |
| e. | <input checked="" type="checkbox"/> | Hay fever or allergy | | k. | <input checked="" type="checkbox"/> | Diabetes | | a. | <input checked="" type="checkbox"/> | Motion sickness requiring medication | | x. | <input checked="" type="checkbox"/> | Other illness, disability, or surgery | |
| f. | <input checked="" type="checkbox"/> | Asthma or lung disease | | s. | <input checked="" type="checkbox"/> | Neurological disorders: epilepsy, seizures, stroke, paralysis, etc. | | | | | | | | | |

Conviction and/or Administrative Action History - See Instructions Page

Yes No 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.

Yes No History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☐ Yes (Explain Below) ☒ No See Instructions Page

| Date | Name, Address, and Type of Health Professional Consulted | Reason |
|------|--|--------|
| | | |
| | | |
| | | |

20. Applicant's National Driver Register and Certifying Declarations

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: All persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby 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 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 Marwan Alshehri

Date 07 04 2000

MM/DD/YYYY

NSN: 0052-00-670-6002

FAA Form 8500-8 (3-99) Supersedes Previous Edition

NCTA000010886

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

| REPORT OF MEDICAL EXAMINATION | | | | | | | | | | | | | | | |
|--|------------------|--|------------------|---|------------------|-----------|------------------|---|------------------|------------------------|------------------|-------------------|------------------|------------------|------------------|
| 21. Height (inches) | | 22. Weight (pounds) | | 23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> YES <input type="checkbox"/> NO Defect Noted: _____ | | | | | | 24. SODA Serial Number | | | | | |
| CHECK EACH ITEM IN APPROPRIATE COLUMN | | | | Normal | | Abnormal | | CHECK EACH ITEM IN APPROPRIATE COLUMN | | | | Normal | | Abnormal | |
| 25. Head, face, neck, and scalp | | | | | | | | 37. Vascular system (Pulse, amplitude and character; arms, legs, others) | | | | | | | |
| 26. Nose | | | | | | | | 38. Abdomen and viscera (Including hernia) | | | | | | | |
| 27. Sinuses | | | | | | | | 39. Anus (Not including digital examination) | | | | | | | |
| 28. Mouth and throat | | | | | | | | 40. Skin | | | | | | | |
| 29. Ears, general (Internal and external canals; Hearing under Item 49) | | | | | | | | 41. G-U system (Not including pelvic examination) | | | | | | | |
| 30. Ear Drums (Perforation) | | | | | | | | 42. Upper and lower extremities (Strength and range of motion) | | | | | | | |
| 31. Eyes, general (Vision under Items 50 to 54) | | | | | | | | 43. Spine, other musculoskeletal | | | | | | | |
| 32. Ophthalmoscopic | | | | | | | | 44. Identifying body marks, scars, tattoos (Size & location) | | | | | | | |
| 33. Pupils (Equality and reaction) | | | | | | | | 45. Lymphatics | | | | | | | |
| 34. Ocular motility (Associated parallel movement, nystagmus) | | | | | | | | 46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.) | | | | | | | |
| 35. Lungs and chest (Not including breast examination) | | | | | | | | 47. Psychiatric (Appearance, behavior, mood, communication, and memory) | | | | | | | |
| 36. Heart (Precordial activity, rhythm, sounds, and murmurs) | | | | | | | | 48. General systemic | | | | | | | |
| NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form. | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 49. Hearing | | Record Audiometric Speech Discrimination Score Below | | Right Ear | | | | | | Left Ear | | | | | |
| Conversational Voice Test at 6 Feet <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | | Audiometer Threshold in decibels | | 500 | 1000 | 2000 | 3000 | 4000 | 500 | 1000 | 2000 | 3000 | 4000 |
| 50. Distant Vision | | 51.a. Near Vision | | 51.b. Intermediate Vision - 32 inches | | | | | | 52. Color Vision | | | | | |
| Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ | Right 20/ | Corrected to 20/ |
| Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ | Left 20/ | Corrected to 20/ |
| Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ | Both 20/ | Corrected to 20/ |
| 53. Field of Vision | | 54. Heterophoria 20' (in prism diopters) | | Esophoria | | Exophoria | | Right Hyperphoria | | Left Hyperphoria | | | | | |
| Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Blood Pressure | | 56. Pulse (Beats/min) | | 57. Urinalysis (If abnormal, give results) | | | | | | 58. ECG (Date) | | | | | |
| Systolic / Diastolic | | | | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | Albumin | | Sugar | | M M D D Y Y Y Y | | | | | |
| (Sitting, mm of Mercury) | | | | | | | | | | | | | | | |
| 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.) | | | | | | | | | | | | | | FOR FAA USE | |
| | | | | | | | | | | | | | | Pathology Codes: | |
| | | | | | | | | | | | | | | Coded By: | |
| | | | | | | | | | | | | | | Clinical Reject | |
| Significant Medical History <input type="checkbox"/> YES <input type="checkbox"/> NO Abnormal Physical Findings <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | |
| 61. Applicant's Name | | | | 62. Has Been Issued — <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Medical & Student Pilot Certificate <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 medical examination report. This report with any attachment embodies my findings completely and correctly. | | | | | | | | | | | | | | | |
| Date of Examination | | Aviation Medical Examiner's Name | | | | | | Aviation Medical Examiner's Signature | | | | | | | |
| M M D D Y Y Y Y | | Street Address | | | | | | | | | | | | | |
| | | City | | | | | | State | | Zip Code | | AME Serial Number | | | |
| | | | | | | | | | | | | AME Telephone () | | | |

MID: 200000274022 Appl. ID: 1999252133 1. Appl. for: ☐ Airman Med. Cert. ☒ Airman Med. and Student Pilot Cert.
 Class of med. Cert. Applied ☐ 1st ☐ 2nd ☒ 3rd 3. Last: ALSHEHHI First: MARWAN Middle: Y 4. SSN: 888-00-7426
 Jr.: 3389 SHERIDAN ST # 256 City: HOLLYWOOD St.: FL / Cou.: USA Zip: 33021-3606 Tel.:
 6. DOB: 05/09/1978 Citizenship: 7. Hair Ctr.: BLACK 8. Eye Ctr.: 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: STUDENT 12. Employer:
 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: 12 15. Past 6 months: 12 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"/> |

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: 07/24/2000

REPORT OF MEDICAL EXAMINATION

| 21. Height (Inches) | 22. Weight (lbs) | 23. Statement of Demonstrated Ability (SODA) | 24. SODA Serial Number |
|---------------------|------------------|--|------------------------|
| 68 | 228 | lbISODA | |

| 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.

Hearing meter

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

50. Distant Vision

Right 20/ 200 Corrected to 20/ 20

Left 20/ 200 Corrected to 20/ 20

Both 20/ 200 Corrected to 20/ 20

51. a. Near Vision

Right 20/ 40 Corrected to 20/

Left 20/ 40 Corrected to 20/

Both 20/ 40 Corrected to 20/

51. b. Intermediate Vision - 32 inches

Right 20/ Corrected to 20/

Left 20/ Corrected to 20/

Both 20/ Corrected to 20/

52. Color Vision

[X] Pass

[] Fail

53. Field of Vision

54. Heterophoria 20' (in prism diopters)

Esophoria Exophoria Right Hyperphoria Left Hyperphoria

[X]Normal[]Abnormal

55. Blood Pressure

Sitting, mm Systolic Diastolic

140 90 72

56. Pulse

(Resting)

57. Urinalysis

(If abnormal, give results)

Albumin Sugar

58. ECG (Date)

[X]Normal []Abnormal

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.).

Limitation 1:
Must wear corrective lenses.

Significant Medical History []Yes [X]No

61. Applicant's Name

ALSHEHHI, MARWAN YOUSEF

Abnormal Physical Findings []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)

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 07/24/2000

Aviation Medical Examiner's Name DROBA, ARTHUR R.

Street: 1020 HONORE AVENUE

City SARASOTA State: FL Zip: 34232-0000

Certificate/Form Nbr FF1409542

AME Serial Number: 19175

AME Telephone: 941-377-6674

LSHEHHI, MARWAN YOUSEF SSN: 888007426 ApplId: 1999252133 PI#:

[KHATCHER : 10/04/2001 10:08:09 AM]

AMC-730 REQUESTING CERTIFIED COPY, REQUEST IS COMPLETE, SENDING TO SCANNING.

2:49 PM

Page#: 1

NCTA000010890

1999 25 2133

DEPARTMENT OF TRANSPORTATION

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 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.

IN WITNESS WHEREOF, I have hereunto subscribed
my name and caused the seal of the Department of
Transportation to be affixed this 4th
day of October, 20 01
at Oklahoma City, Oklahoma

HENRY K. BOREN, D.O.
(Signature)
Acting Manager, Aeromedical Certification Division
(Title)
Civil Aeromedical Institute
Department of Transportation

Ame - 730
1 Cert
N/C

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) 954-⁷⁶²⁸ [REDACTED]

Fax: (405) 954-4989

Date: 10/4/01

TO: Kay Hatcher

Fax #: X44300

~~Per our conversation, attached is the following information on:~~

*Please provide certified medical on
the following*

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

Thanks Brenda

Page 1 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 conformity with that statute.

NCTA000010892



U.S. Department
of Transportation
Federal Aviation
Administration

Memorandum

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

Date: October 4, 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> |
|--------------------|-------------|----------------------|
| Marwan Y. ALSHEHHI | 888-00-7426 | 05/09/1978 |

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.

Brenda Smith

for Mark W. Sweeney

CERTIFICATE OF TRUE COPY

I HEREBY CERTIFY that the attached is a true copy of the complete airman file pertaining to
Mae McGary, date of birth September 1, 1968. 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

who signed 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

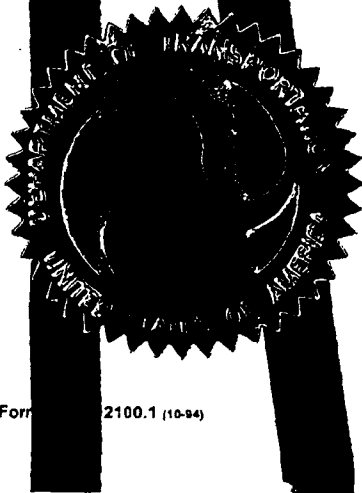
(Signature)

Manager, Airmen Certification Branch

(Title)

Civil Aviation Registry

U. S. Department of Transportation



9 1 2 0 3 4 5

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

PRIVACY ACT: This information is required under the authority of the Federal Aviation 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 uses; i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Act of 1958; repository of documents used by individual and potential employers to determine validity of airmen qualifications; to support investigative efforts of investigation and law 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 (CAIS); and to provide documents for microfilm and microfiche backup records.

Type of Certificate(s) Commercial Pilot Certificate Numbers(s) 2638990 Date(s) of Issuance 12/21/2000

Type of Test _____ Location Test Was Taken _____ Date of Knowledge Test _____

Complete name in which certificate was issued: MOHAMED NM N ATTA
(first) (middle) (last)

Present mailing address: 3389 SHERIDAN ST Physical address: _____
256 (If applicable) _____
Hollywood, FL 33021

(If address is a PO Box, Rural Route, General Delivery, or Star Route, please provide a physical address, directions or map for locating your residence.)

Date and place of birth: 09/01/1968 KAER EL-SHIKH - EGYPT
(Date) (Place)

Physical Description: Height (Inches) 67" Weight (Lbs.) 153 Hair Brown Eyes Brown Sex Male

Social Security Number: N/A Citizenship: EGYPTIAN

I enclose ☒ check ☐ money order in the amount of \$ 2

06-04-01 Mohamed Atta
Date Signature

The fee for each duplicate Airman or Medical Certificate is \$2. The fee for each knowledge test report is \$1. Check or money order for total fees (payable to the FAA) must accompany request.

For Airman Certificate or knowledge test Report, mail this request to:
Federal Aviation Administration
Airman Certification Branch, AFS-760
Post Office Box 25082
Oklahoma City, OK 73125-0082

For Medical or combined Student/Medical, mail this request to:
Federal Aviation Administration
Medical Certification Branch, AAM-134
Post Office Box 25082
Oklahoma City, OK 73125

For radio/telephone license, mail this request to:
Federal Communication Commission
1919 "M" Street, NW
Washington, DC 20554

AC Form 8060-56 (5/01) (NSN 0052-00-555-2004) Supersedes previous edition

011561310512
\$2.00 06/07/2001

NCTA000010895