IACRA PATH

Foreign Verification - Basic Airman Information -Full Name DOE, JOHN MARK Date of Birth February 3, 1970 Citizenship Country GERMANY City of Birth TESTCITY Country of Birth GERMANY State of Birth Email Address TESTINGTESTING123@TESTINGTHIS.COM.CO Foreign License and Medical Information License Country GERMANY License Number(s) 12345 If more than one license is entered, please separate by commas Please select the rating(s) shown on your foreign license. The rating must be pilot in command and must show on the printed license. PRIVATE COMMERCIAL □ ATP OTHER LICENSE LEVEL (specify) Additional Ratings B-123 or Type Ratings Is the foreign license under an order of revocation or suspension? No ○Yes Do you have a current medical certificate? What type of FAA Certificate or Authorization will be requested? O Private Pilot (61.75) O Airline Transport Pilot (61.153(d)(3)) O Flight Engineer/Flight Navigator (63.23 or 63.42) O Special Purpose Pilot authorization (61.77) Other. Additional Requirements The verification process will require a face to face meeting with a Flight Standards District Office (FSDO) or authorized representative. There are currently no FSDO offices outside of the United States Which FAA Flight Standards District Office (FSDO) will you or your flight school be working with to obtain a temporary airman certificate or authorization? Upload Foreign License and Medical Choose File No file chosen Upload Click 'Choose File' then locate and select the document. Click 'Open', then click 'Upload' and the document will be uploaded. Documents must be uploaded one at a time. Upload a legible copy of the foreign license, including all pages related to general airman information, privileges and limitations. Upload the foreign medical if seeking verification of both a foreign license and a foreign medical certificate. If the documents are not in English, please provide an English transcription. Partial documentation submission will delay the verification

Sign and Submit-

-Uploaded Documents -

Remove View

Applicant's Certification — I certify that all statements and answers provided by me on this application are complete and true to the best of my knowledge and that they are to be considered as part of the basis for issuance of an FAA certificate. I authorize the issuing CAA to provide all pertinent information to the FAA. I understand the issuance of a valid verification letter does not guarantee the issuance of an FAA certificate or authorization. I have read and understand the Privacy Act statement that accompanies this

1 - View Privacy Act 2 - Review Application 3 - Sign 8

IACRA COMPLETED APPLICATION

sectioned out to show side by side

	ANSPORTATION ADMINISTRATION				OMB Collection No: 2120-0724 Expiration November 30, 2020	
Verification of Authenticity of Foreign License and Medical Certification						
Section I. Basic Airman Information						
1. Name (as it appears on your foreign li-	cense)					
Last DOE	First JOHN			Middle	MARK	
2. Date of Birth FEB 03, 1970						
3. Country & City of Birth GERMANY	r, TESTCITY		City and State (U	S Only)		
4. Country of Citizenship GERMANY						
5. Please send my verification letter to me by (select one):					Mail	
5a. Email address	TESTINGTESTING123@TESTINGTHIS. COM. CO					
5b. Mailing Address						
5c. City, State, Postal Code, Country						
	Section II.	License	and Medical	Information		
Foreign License Country GERMA		License		Information	s)12345	
6. Foreign License Country GERMA 8. Foreign License Level X Pri	NY			ense Number(s)12345	
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8. Foreign License Level X Pri 9. Foreign License Ratings (Pilots mus PRIVATE(ASEL) (OTHER RATINGS 10. Is the foreign license under an ord 11. Do you have a current medical cer	NY vate	ercial g with the al	7.Foreign Lic Airline Tran billity to operate	nense Number(nsport Pilot as Pilot in Con	Other	

Section III. Additional Requirements

 You will be required to have a face to face meeting with an FAA repr Flight Standards District Office (FSDO) will you be working with to obta WP05 - LONG BEACH FSDO WP05 / LGB FSDO 	
	rovided by me on this application are complete and true to the best of my nee of an FAA certificate. I authorize the issuing CAA to provide all pertinent letter does not guarantee the issuance of an FAA certificate or authorization.
I have read and understand the Privacy Act statement that accompanies the	is form.
Signature of Applicant JOHN MARK DOE E-SIGN	Date (MM/DD/YYYY) 02/03/2021 09:10:39 AM
Please attach a copy of the foreign license and medical certificate. Please also PLEASE MAIL COMPLETED FORM TO: Department of Transportation F	

Oklahoma City, OK 73125-0082.

Application ID: 2410129

FTN: C1338279 (FAA Use Only)

SECTION THRE

SECTION TWO