

**Verification of Authenticity of Foreign License, Rating, and Medical Certification  
Instructions for completing the form**

**Basic Airman Information**

Block 1. Name: Last, First, Middle Enter all names that appear on your foreign pilot certificate.

Block 2. Date of Birth. Enter eight digits; Use numeric characters, i.e. 07-09-1940. Check to see that DOB is the same as it is on the foreign license and medical certificate.

Block 3. Place of Birth. Enter the name of the city and country where you were born.

Block 4. Address. Enter the address you want your copy of the verification letter mailed to.

Block 5. City, State, Zip code (Country if applicable)

Block 6. Citizenship. Enter the country where you are a citizen.

Block 7a. Do you hold a Current Foreign Medical Certificate or Endorsement? Check yes or no.

Block 7b. Class of certificate. Enter the class of the foreign medical certificate or endorsement.

Block 7c. Date issued. Enter the date the foreign medical certificate or endorsement was issued.

Block 7d. Date expired. Enter the expiration date of the foreign medical certificate or endorsement.

Block 7e. Name of Examiner. Enter the name of the person as shown on foreign medical certificate or endorsement.

**Certificate or Rating Applied for on Basis of:**

Block 8. Holder of Foreign License Issued By.

8a. Country. Enter Name of ICAO Country that issued the license.

8b. Grade of License. Enter Grade of license issued, i.e. private, commercial, etc.

8c. Number. Enter number that appears on the license.

8d. Ratings. Enter all ratings that appear on the license.

Block 9. Is your foreign license under an order of revocation or suspension by the foreign country that issued your license? Check yes or no.

Block 10. Please provide the location of the Flight Standards District Office (FSDO) where you intend to make application. Enter the location of the FSDO from the list provided so your verification can be provided to that FSDO. Please do not provide location of flight school, employer or Airmen Certification Branch AFS-760

Signature of Applicant. Sign your full name.

EMAIL Address if applicable.

Telephone number where you can be reached if applicable.

Enter the date you sign the Verification of Authenticity of Foreign License, Rating, and Medical Certification form.

