

## CHAPTER 27. CONDUCT A SPECIAL MEDICAL TEST

### SECTION 1. BACKGROUND

#### 1. PROGRAM TRACKING AND REPORTING SUBSYSTEM (PTRS) ACTIVITY CODE: 1531

**2. OBJECTIVE.** The objective of this task is to determine if an applicant is eligible for a medical certificate and/or Statement of Demonstrated Ability (SODA) based on the appropriate test. Successful completion of this task results in the issuance or non issuance of a medical certificate and/or a SODA.

#### 3. GENERAL.

*A. General Process.* Special medical flight tests, which may lead to the issuance of medical certificates under Title 14 of the Code of Federal Regulations (14 CFR) part 67, section 67.401, are frequently required for applicants who do not meet certain medical standards. These tests are conducted solely by inspectors and may be conducted only on the basis of a letter of authorization (LOA). (See FAA Order 8700.1, figure 27-1.) The LOA for a person who has requested a special medical test must be issued by the Aero medical Certification Division, AAM-300. Concurrence from the regional Flight Surgeon is required before any operating limitations on pilot certificates issued to pilots with physical deficiencies can be removed.

*B. Combined Special Medical Test and Practical Test for Certification and/or Ratings.* If requested by the applicant, the special medical test may be given in conjunction with the usual practical tests for a pilot certificate when the applicant meets the flight experience requirements for the pilot certificate sought. At the outset, the inspector should consult the related airman certification chapter in this handbook in addition to this chapter.

*C. Medical Portion Passed.* If an applicant fails the certification portion of a combined test but passes the medical portion, any retest may be conducted by an inspector or a designated pilot examiner (DPE).

#### *D. Letter of Authorization.*

(1) The LOA for the special medical test contains guidelines and usually a handbook reference

to help the inspector determine whether the applicant is able to safely operate an aircraft. When the applicant's abilities are compared to those of the inspector, it is assumed that the inspector's physical attributes are normal. If there is any doubt as to the inspector's qualifications to conduct a particular test, the test should be assigned to another inspector or the problem should be discussed with the medical office personnel authorizing the test. All of the medical flight test items listed on the LOA must be observed and evaluated by the inspector. The inspector may add test items if necessary.

(2) A special medical test shall be conducted only by an inspector who has a copy of the applicant's LOA for the test. The LOA is normally sent to the jurisdictional Flight Standards District Office (FSDO) where the applicant resides; however, it may be forwarded to another office at the applicant's request. When the special medical test has been passed, the usual certification practical test, if required and if not conducted concurrently, may be conducted by another inspector or a DPE.

*E. Defective Hearing Test.* The inspector must note on the report whether the defective hearing test was conducted in an open or a closed cockpit.

*F. Defective Color Vision.* Applicants for a medical certificate who have defective color vision may be tested at twilight or at night. The applicant may be evaluated for the ability to see the following:

(1) colored lights of other aircraft in the vicinity

(2) runway approach lights

(3) airport boundary lights

(4) taxiway lights

(5) red warning lights on television towers, high buildings, stacks, etc.

(6) all color signal lights normally used in air traffic control

*G. Aviation Signal Light Test.* Night testing may be very important to airmen, since applicants able to identify colors appropriately at night (but not during daylight) may have the night restriction removed from the medical certificates. An applicant who fails the signal light test during daylight hours may repeat the test at night.

*H. Completion of Medical Test.* National Transportation Safety Board Safety Recommendation 97.269 committed the FAA to revising chapter 27 to emphasize the conditions under which operating limitations may need to be placed on an airman certificate issued as a result of a medical flight test. This guidance updates section 1, paragraphs 3A and 3H. The following revision to section 2 procedure is urgently needed to further emphasize the ASI's responsibility to ensure that appropriate restrictions are placed on an airman's certificate issued on the basis of a medical flight test. If during any of the special medical tests (with the exception of a signal light test) the inspector determines that the applicant has failed the test, the inspector should terminate the test before it is completed. However, the signal light test must be completed even if the inspector determines during the test that the applicant has failed.

*I. Operating Limitations.* A pilot certificate issued or reissued after a special medical flight test must bear any limitations the inspector who conducted the test finds necessary for safety. An inspector from the jurisdictional FSDO must have determined that no operational limitations (such as "HAND CONTROLS ONLY") are required to be placed on a pilot certificate before a DPE accepts an application from an airman who has a SODA.

(1) Operating limitations shall be entered on FAA Form 8060-4 (figure 27-2). If the pilot certificate portion of the test is failed, the operating limitations are placed on FAA Form 8060-5 (figure 27-3) so that, after a retest is passed, an inspector or DPE knows what operational limitations to place on the temporary certificate. These forms are then sent with the application to AFS-760.

(2) Operating limitations required by physical deficiencies may restrict holders to certain aircraft types, special equipment or control arrangements, or special operating conditions. Examples are as follows:

(a) "LIMITED TO ERCOUPE 415 SERIES WITHOUT RUDDER PEDALS" for an airman, with

an inability to use rudder pedals possibly because of the loss of the use of the lower extremities, who takes the special medical test in an Ercoupe 415 series;

(b) "LIMITED TO AIRCRAFT WITH ALL CONTROLS BELOW SHOULDER LEVEL" for an airman who is unable to use the upper extremities, possibly because of the loss of an arm;

(c) "NOT VALID FOR FLIGHTS REQUIRING THE USE OF RADIO" for an airman who is speech or hearing impaired or both; or

(d) "LIMITED TO RECIPROCATING PISTON, NONREVERSING AIRCRAFT" for an airman who has an arm prosthesis and is unable to use the reverse thrust function of a turbine aircraft.

(3) Limitations should be as general as possible to eliminate the necessity of additional special medical tests when the pilot desires to fly additional aircraft types for which he or she is physically competent.

(4) If a pilot is returning to flying after receiving a disabling injury, such as a loss of limb or an injury to a lower extremity, it may be necessary for the pilot to re-demonstrate proficiency for each privilege authorized. Any rating not demonstrated that the inspector determines to be necessary must bear the limitation, "NOT VALID," until such time when competency in that category and class is demonstrated.

(5) Any operating limitation may be deleted or amended only on the basis of an additional special medical test, or upon qualification by the pilot for an appropriate medical certificate without waiver or exemption.

(6) If a student pilot is taking a practical test for a pilot certificate and a medical flight test concurrently, the SODA may be issued if the airman satisfactorily demonstrates the appropriate operational ability.

(7) If a student pilot fails the practical test for a pilot certificate but passes the medical test, the SODA may be issued and the Notice of Disapproval of Application should indicate all appropriate operational limitations for the entire practical test.

(8) If a student pilot passes both the flight test and the medical test, the inspector must place all appropriate operational limitations on the Temporary Airman Certificate.

## SECTION 2. PROCEDURES

### 1. PREREQUISITES AND COORDINATION REQUIREMENTS.

*A. Prerequisites.* This task requires knowledge of the requirements of 14 CFR part 61 and Federal Aviation Administration (FAA) policies, and qualification as an aviation safety inspector (operations). A qualified aviation safety technician who has unrestricted color vision may administer the signal light test.

*B. Coordination.* This task may require coordination with the airworthiness staff, air traffic, and the medical office which issued the authorization.

### 2. REFERENCES, FORMS, AND JOB AIDS.

#### *A. References.*

- 14 CFR parts 1, 61, 67, and 91
- Letter of authorization (LOA)
- PTRS Procedures Manual (PPM)

#### *B. Forms.*

- FAA Form 8060-4, Temporary Airman Certificate (figure 27-2)
- FAA Form 8060-5, Notice of Disapproval of Application (figure 27-3)
- FAA Form 8500-9, Medical Certificate (figure 27-7)
- FAA Form 8500-13, Medical Test Report (figure 27-6)
- FAA Form 8500-15, Statement of Demonstrated Ability (figure 27-11)
- FAA Form 8710-1, Airman Certificate and/or Rating Application (figure 27-4)

#### *C. Job Aids.*

- Signal Light Test Job Aid (figure 27-13)
- Sample letters and figures

### 3. PROCEDURES. (Except signal light test)

#### *A. Applicant Schedules Appointment.*

(1) When the applicant schedules the appointment for a medical test, inquire whether the applicant has the required LOA.

(a) If the applicant does not have an LOA, advise the applicant that one is required before

scheduling the appointment. Instruct the applicant to contact an issuing medical office to obtain an LOA.

(b) If the applicant has an LOA, ask the applicant for the issue date of the letter. Check the appropriate office files for the following:

- Verify that the district office has a copy. If there is not a copy of the LOA on file, determine where it was sent. Arrange to have the copy forwarded to the district office.
- Determine how long the LOA is valid and whether the medical test is scheduled within that time. If the test is not scheduled within the time allotted, call the issuing office for an extension. If an extension cannot be obtained, advise the applicant that the appointment cannot be scheduled at this time.

#### (2) For a flight test:

(a) Determine the time of day to schedule the test, based on the recommendations in the LOA and the length of the test.

(b) Determine whether the test will be a combined medical test and practical test for certification and/or ratings.

(c) If it is not a combined test, instruct the applicant to bring the following documents to the test:

- LOA
- Medical certificate (if applicable)
- Pilot certificate
- Aircraft maintenance records
- Airworthiness certificate
- Aircraft registration
- FAA Form 8710-1 (figure 27-4)

(d) If it is a combined test, see the related chapter in this handbook and determine if any additional items are required. Instruct the applicant to bring all required documents to the appointment.

#### *B. PTRS. Open PTRS file.*

*C. Scheduled Appointment.* When the applicant arrives for the scheduled appointment, proceed as follows:

(1) Collect the airman's documents.

(2) Review FAA Form 8710-1 to determine if it is complete and accurate.

(a) In Part I, the Medical Flight Test box should be checked for a special medical test only. For a combination certification and special medical test, the Medical Flight Test box and the box for the pertinent certificate or rating should be checked.

(b) Part I, A through V must be filled out. Box Q should be checked "NO."

(c) Part II, A must be completed.

(d) Part III is optional for a special medical test only. For a combination certification test and special medical test, Part III must be completed.

(e) Part IV and V must be completed.

(f) For a combination certification test and special medical test, the airman must have an instructor's or air agency's recommendation on the reverse of FAA Form 8710-1.

(3) Verify the applicant's identity by inspecting acceptable forms of identification.

(a) If the applicant's identity cannot be verified because of lack of documents or inadequate documents, request that the applicant return with appropriate identification.

(b) If the applicant's identity appears to be falsified, do not conduct the special medical test. (See volume 2, chapter 182, Conduct a Violation Investigation.)

(4) If possible, coordinate with the airworthiness staff to review the airworthiness documents and/or inspect the aircraft.

(a) If the documents are not complete and accurate, and cannot be corrected at the time of the appointment, terminate the appointment and inform the applicant that he or she must reschedule another appointment.

(b) Return all documents to the applicant.

(5) If the test is a combined special medical and practical test for certification, determine the applicant's eligibility by referring to the appropriate chapter in this handbook for the certificate or rating sought.

(a) If the applicant is not eligible for the practical test, ask the applicant if he or she wants to take only the medical test at this time.

(b) If the applicant does not want to take only the medical test, return all documents and terminate the appointment.

#### *D. Determine Type of Medical Test.*

(1) Determine from the LOA the type of medical test to be conducted.

(2) If the test is also a practical test for a certificate or rating, refer to the appropriate chapter in this handbook and combine the medical test with the practical test.

*E. Conduct Medical Test.* Determine whether operating limitations/restrictions as provided in section 1, paragraph 3I(1) and (2), applicable to the flight test being conducted, are necessary for safe operation to ensure that the applicant is able to perform the appropriate pilot functions critical to the impairment for the type of medical flight test being conducted, as follows:

(1) Observe an applicant with a hearing impairment (or who is seeking to have a hearing impairment limitation removed from a certificate) demonstrate the following in an aircraft:

(a) the ability to hear radio, voice, and signal communications;

(b) the ability to understand a normal, conversational voice level with the engine on or off, on the ground or in the air, and with the engine at various power settings (ensure that the applicant is not lipreading by having the applicant respond to questions while looking away from the inspector);

(c) the ability to estimate glide by sound in relation to speed; and

(d) the ability to recognize an approaching stall by change in sound related to a change in speed.

(2) Observe an applicant with a total hearing loss demonstrate the following:

(a) recognition of engine power loss or engine failure by a change in vibration and by instrument scan;

(b) recognition of approaching stall by aerodynamic buffet and visual cues; and

(c) recognition of retractable gear emergencies (if applicable) by observation of gear warning lights.

(3) Observe an applicant with a deformity or absence of the extremities demonstrate the following in an aircraft:

(a) The ability to reach and operate effectively all controls which would normally require the use of that extremity (or those extremities); note any unusual body position the applicant may use to compensate for the defect and what effect that position has on the applicant's field of vision.

(b) The ability to satisfactorily perform emergency procedures relative to flight, such as recovery from stalls, and engine out procedures (multiengine aircraft).

(c) If the pilot has an arm prosthesis and is being tested in turboprops, the ability to lift the power handles for reversing (including asymmetrical reversing).

(d) If the pilot has a deformity or absence of an extremity, determine whether the applicant should be restricted to the specific make and model of aircraft in which the medical flight test is accomplished, to a make and model within a series (e.g., Cessna 172), or to aircraft models with special equipment or control arrangements, and/or whether to impose special operating conditions, as necessary.

(4) Observe an applicant with a visual defect (one eye missing or one eye blind) demonstrate the following in an aircraft:

(a) The ability to select emergency landing fields at a distance, from high altitude, and preferably over unfamiliar terrain.

(b) The ability to simulate forced landings in difficult fields; note the manner of approach, rate of descent, and comparative distance at which obstructions (stumps, boulders, ditches, etc.) are recognized.

(c) The ability to recognize other aircraft (which may be present by prearrangement) approaching at a collision course (particularly aircraft approaching from the far right or far left).

(d) The ability to judge distances and to recognize landmarks (compared with the inspector's estimate).

(e) The ability to land the aircraft.

(f) The ability to read aeronautical charts in flight and tune the radio to a predetermined station accurately and rapidly.

(g) The ability to read instrument panels (including an overhead panel, if any) quickly and correctly.

(5) Observe the applicant with a speech defect (one who stutters or who is trying to demonstrate

recovery from muteness) demonstrate the ability to converse and be clearly understood in person and on the radio.

(6) An applicant with defective color vision must demonstrate certain abilities in an aircraft as follows:

(a) The ability to read aeronautical charts, including print in various sizes, colors, and typefaces; conventional markings in several colors; and terrain colors at a distance of 16 inches.

(b) The ability to read aviation instruments, particularly those with colored limitation marks, and colored instrument panel lights, especially marker beacon lights, warning lights, etc.

(c) The ability to recognize terrain and obstructions; have the applicant select several emergency landing fields, preferably under marginal conditions, and describe the surface (for example, sod, stubble, plowed field, presence of terrain roll or pitch, if any), and also describe how the conclusions were determined. Further, ask the applicant to identify obstructions such as ditches, fences, terraces, low spots, rocks, stumps, and, in particular, any gray, tan, or brown objects in green fields.

(d) Observe the applicant's ability to see:

- Colored lights of other aircraft in the vicinity
- Runway approach lights
- Airport boundary lights
- Taxiway lights
- Red warning lights on TV towers, high buildings, stacks, etc.
- Conventional signal lights from the tower
- All color signal lights normally used in air traffic control

*F. Discontinuance of Test.* If the test cannot be completed for any reason, return the application and any documents to the applicant. Reschedule the test if possible. Close out PTRS.

*G. Unsuccessful Performance - Medical Test Only.* If an applicant's medical test performance is unsatisfactory, advise the applicant of the reasons. For a currently certificated pilot, do not initiate action to revoke his or her pilot certificate. Proceed as follows:

(1) Complete FAA Form 8710-1 (figure 27-5).

(a) On the reverse side, fill in the Special Medical Test Conducted block.

(b) Sign and date the application. Indicate the district office acronym.

(2) Prepare FAA Form 8500-13 (figure 27-6). In the Description section, include the following:

- (a) the applicant's defect;
- (b) the type of test given;
- (c) inspector's recommendations;
- (d) any appropriate alternate procedures deemed necessary by the inspector;
- (e) any noteworthy physical attributes of the applicant in comparison to those of the inspector;
- (f) any unusual applicant reactions;
- (g) marginal or simulated marginal conditions for the test;
- (h) the applicant's susceptibility to distraction from simultaneous tasks;
- (i) any necessary operating limitations for the pilot certificate concerned; and
- (j) a statement of "NO LIMITATIONS" (if applicable).

(3) Send the SODA, the medical certificate, FAA Form 8500-9 (figure 27-7) if provided by the authorizing medical office, the LOA, and the medical flight test report to the issuing medical office. Send the completed application to AFS-760

*H. Unsuccessful Performance - Combination Test.*

- (1) Complete FAA Form 8710-1 (figure 27-8).
  - (a) On the reverse side under Inspector's Report, check Disapproved - Disapproval Notice Issued.
  - (b) On the reverse side, fill in the Special Medical Test Conducted block.
  - (c) Sign and date the application. Indicate the district office acronym.
  - (d) Under the Attachments section, check the Notice of Disapproval box.

(2) Prepare FAA Form 8500-13 in the same manner as above (figure 27-6).

(3) Prepare FAA Form 8060-5 (figure 27-9) per the instructions in the appropriate chapter of this handbook.

(4) Send the SODA, the medical certificate, FAA Form 8500-9 (figure 27-7) if provided by the issuing medical office or the Aero medical Certification Division, AAM-300, the LOA, and the medical flight test report to the issuing medical office. Send

the completed application and Notice of Disapproval of Application to AFS-760.

*I. Successful Performance - Medical Test Only.* If an applicant's medical test performance is successful, inform the applicant and proceed as follows:

- (1) Complete FAA Form 8710-1 (figure 27-10).
  - (a) On the reverse side, fill in the Special Medical Test Conducted block.
  - (b) Sign and date the application. Indicate the district office acronym.

(2) Prepare FAA Form 8500-13 (figure 27-6). In the Description section, include the following:

- (a) the applicant's defect;
- (b) the type of test given;
- (c) inspector's recommendations;
- (d) any appropriate alternate procedures deemed necessary by the inspector;
- (e) any noteworthy physical attributes of the applicant in comparison to those of the inspector;
- (f) any unusual applicant reactions;
- (g) marginal or simulated marginal conditions for the test;
- (h) the applicant's susceptibility to distraction from simultaneous tasks;
- (i) any necessary operating limitations for the pilot certificate concerned; and
- (j) a statement of "NO LIMITATIONS" (if applicable).

(3) Prepare FAA Form 8500-15 (figure 27-11).

(4) Send the medical certificate, FAA Form 8500-9 (figure 27-7) if provided by the issuing medical office or the Aero medical Certification Division, AAM-300, the LOA, the medical flight test report, and the SODA to the issuing medical office. If the applicant successfully completes the test, it is not necessary to send in these documents. In the case of the successful applicant, the inspector may issue the medical certificate and SODA (waiver) to the applicant, and forward the flight test report to AAM-300.

*J. Successful Performance - Combination Test.*

- (1) Complete FAA Form 8710-1 (figure 27-12).
  - (a) On the reverse side under Inspector's Report, check Approved - Temporary Certificate Issued.

(b) On the reverse side, fill in the Special Medical Test Conducted block.

(c) Sign and date the application. Indicate the district office acronym.

(d) Under the Attachments section, check the Temporary Pilot Certificate box.

(2) Prepare FAA Form 8500-13 in the same manner as above (figure 27-6).

(3) Determine if any operational limitations are required on the certificate, or state NO LIMITATIONS, if applicable.

(4) Prepare FAA Form 8060-4 as per the instructions in the related chapter. Include any limitations.

(5) Issue the medical certificate and SODA if they have been provided by the issuing medical office or the Aero medical Certification Division, AAM-300. Collect any superseded medical certificate, except for a student pilot medical certificate that has endorsements on it.

(6) Send FAA Form 8500-9 (figure 27-7), the copy of the SODA, if provided by the issuing medical office or the Aero medical Certification Division, AAM-300, the superseded medical certificate, the LOA, and the medical flight test report to the issuing medical office. Send the completed application and copy of the temporary airman certificate to AFS-760.

K. PTRS. Complete FAA Form 8000-36 in accordance with the PPM.

#### 4. PROCEDURES FOR SIGNAL LIGHT TEST ONLY.

A. PTRS. Open PTRS file.

B. *Schedule Appointment.* Schedule the appointment, preferably at twilight. Instruct the applicant to bring the LOA and medical certificate to the appointment.

C. *Test Coordination.* Have another inspector participate as the light operator by using the light gun at the district office. If another inspector or a light gun is not available, have the control tower operator participate by using the light at the control tower.

(1) Request the operator of the light to show steadily either a green, red, or white light (selected randomly) for a period of 5 seconds.

(2) Inform the light operator of the signal that will be used (hand signal, radio, etc.) to indicate when to shine the light.

D. *Conduct Aviation Signal Light Test.* Proceed as follows:

(1) Accompany the applicant to an area approximately 1,000 feet from the light operator.

(a) Instruct the applicant to respond to each light by stating the light color shown within the 5-second interval when the light is displayed.

(b) Signal the light operator to begin the procedure.

(c) Using the job aid in figure 27-13, record the color displayed and applicant's response.

(d) After a 3-minute interval, repeat the procedure until all three colors are shown.

(2) Accompany the applicant to an area approximately 1,500 feet from the light operator, and repeat the procedures outlined above. Be sure that all three colors have been displayed before completing the test.

(3) Do not give the applicant any indication of the accuracy of his or her readings during the test. If the applicant does not call each color correctly while the light is being shown, the applicant has failed; however, continue until the test is completed.

(4) An applicant who fails the signal light test during daylight hours may repeat the test at night. Should the airman pass the signal light test at night, the restriction, "Not valid for flight during daylight hours by color signal control," must be placed on both the replacement medical certificate and the new SODA by Aero medical Certification Division (AAM-300). The airman must have taken the daylight hours test first and failed this test prior to taking the night test. The day test paperwork must be included with the night test paperwork sent to the issuing medical office.

(5) Should the applicant fail the signal light test during daylight hours and at night, the restriction, "Not valid for flight by color signal control," must be placed on both the replacement medical certificate and the

new SODA by Aero medical Certification Division (AAM-300).

*E. Unsuccessful Performance.*

(1) Prepare FAA Form 8500-13 (figure 27-6). In the Description section, include the following information:

- (a) the applicant's defect;
- (b) the type of test given;
- (c) inspector's recommendations;
- (d) any appropriate alternate procedures deemed necessary by the inspector;
- (e) any noteworthy physical attributes of the applicant in comparison with those of the inspector;
- (f) any unusual applicant reactions;
- (g) marginal or simulated marginal conditions for the test;
- (h) the applicant's susceptibility to distraction from simultaneous tasks; and
- (i) any necessary operating limitations for the pilot certificate concerned.

(2) Send the superseded medical certificate, a copy of the SODA if provided by the issuing medical office or the Aero medical Certification Division, AAM-300, the LOA, and the medical flight test report to the issuing medical office.

*F. Successful Performance.*

(1) Prepare FAA Form 8500-13 (figure 27-6) in the same manner as above.

(2) Issue the medical certificate and SODA if they have been provided by the issuing medical office

or the Aero medical Certification Division, AAM-300. Collect any superseded medical certificate, except for a student pilot medical certificate that has endorsements on it.

(3) Send the superseded medical certificate, a copy of the SODA if provided by the issuing medical office or the Aero medical Certification Division, AAM-300, the LOA, and the medical flight test report to the issuing medical office or the Aero medical Certification Division, AAM-300.

*G. PTRS.* Complete FAA Form 8000-36 in accordance with the PPM.

**5. TASK OUTCOMES.** Completion of this task results in issuing one or more of the following:

- A. Medical Certificate.*
- B. SODA.*
- C. Temporary Airman Certificate.*
- D. Notice of Disapproval of Application.*

**6. FUTURE ACTIVITIES.**

- A. Applicant may return for an authorized retest.
- B. Applicant may return for removal of limitations.
- C. Possible enforcement investigation if the airman is involved in an accident, incident, or violation of the regulations or the operating limitations on his or her certificate.

**FIGURE 27-1**  
**SAMPLE LETTER OF AUTHORIZATION**

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FAA Letterhead

July 19, 1996

Federal Aviation Administration  
Supervisor, FSDO-66  
International Airport  
Route 3, Box 51  
Lubbock, TX 79401

REF: PI 715854

JOHN SMITH has been authorized to arrange with you for a Signal Light Test, second class.

The appropriate test procedure is outlined in Federal Aviation Administration Order 8700.1, General Aviation Operations Inspector's Handbook, chapter 27, section 2, paragraph 3E(6)(a) through (d).

Any other testing that would assist you in determining the applicant's ability is authorized.

A Medical Certificate and Statement of Demonstrated Ability (SODA) are enclosed for issuance to the applicant upon successful completion of the test. In borderline situations, you may elect to return the medical certificate and SODA with your report to this office for further consideration.

Please destroy this authorization if no response is received from the applicant after 6 months from the above date.

Sincerely,

*[name of supervisor]*  
Supervisor, Medical Review Section

Enclosures

**FIGURE 27-2  
FAA FORM 8060-4, TEMPORARY AIRMAN CERTIFICATE**

I. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION ii. <b>TEMPORARY AIRMAN CERTIFICATE</b>						III. CERTIFICATE NO.  344670987	
THIS CERTIFIES THAT      IV.    JOHN DOE V.    44 MAGNUM PLACE PRESCOTT, OK 71213							
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	VI.
12-20-60	72 IN.	180	BLACK	BLUE	M	USA	
IX.    has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of  <p align="center">PRIVATE PILOT</p>							
RATINGS AND LIMITATIONS XII.    AIRPLANE SINGLE-ENGINE LAND							
XIII.    LIMITED TO ERCOUPE 415 SERIES WITHOUT RUDDER PEDALS							
THIS IS <input checked="" type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE				DATE OF SUPERSEDED AIRMAN CERTIFICATE			
BY DIRECTION OF THE ADMINISTRATOR					EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO. SPI FSDO		
X. DATE OF ISSUANCE  08-18-95		X. SIGNATURE OF EXAMINER OR INSPECTOR  <i>Wesley Crusher</i>			DATE DESIGNATION EXPIRES		

*John Doe*

vii. AIRMAN'S SIGNATURE

FAA Form 8060-4 (8-79) USE PREVIOUS EDITION

**FIGURE 27-3  
FAA FORM 8060-5, NOTICE OF DISAPPROVAL OF APPLICATION**

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION  <b>NOTICE OF DISAPPROVAL OF APPLICATION</b>		<b>NOTE</b>  PRESENT THIS FORM UPON APPLICATION FOR REEXAMINATION	
NAME AND ADDRESS OF APPLICANT JOHN DOE 44 Magnum Place Prescott, OK 71213		CERTIFICATE OR RATING SOUGHT PRIVATE PILOT- AIRPLANE SINGLE-ENGINE LAND	
On the date shown, you failed the examination indicated below: <input checked="" type="checkbox"/> FLIGHT <input type="checkbox"/> ORAL <input type="checkbox"/> PRACTICAL			
AIRCRAFT USED ( <i>Make and Model</i> ) ERCOUPE 415C		FLT. TIME RECORDED IN LOGBOOK	
		PILOT-IN-COMM. OR SOLO 25	INSTRUMENT 2
		DUAL 30	
UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING: Maneuvering at critically slow airspeed.  Limited to ERCOUPE 415 SERIES WITHOUT RUDDER PEDALS.			
I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate of rating sought.			
DATE OF EXAMINATION September 20 1996	SIGNATURE OF EXAMINER OR INSPECTOR	DESIGNATION OR OFFICE NO. AWP-FSDO-09	

FAA Form 8060-5 (4-82)                      AFS Electronic Forms System - JetForm FormFlow - 12/1998

FIGURE 27-4  
FAA FORM 8710-1, AIRMAN CERTIFICATE AND/OR RATING APPLICATION

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No: 2120-0021

Airman Certificate and/or Rating Application																	
U.S. Department of Transportation Federal Aviation Administration																	
<b>I. Application Information</b> <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 Aircraft Rating <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <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 checked="" type="checkbox"/> Medical Flight Test <input type="checkbox"/> Reexamination <input type="checkbox"/> Reissuance of _____ Certificate <input type="checkbox"/> Other _____																	
<b>A. Name (Last, First, Middle)</b> Sowell James R.				<b>B. SSN (US Only)</b> 123-45-6789			<b>C. Date of Birth</b> Mo. Day Year 11-07-48			<b>D. Place of Birth</b> Midland, TX							
<b>E. Address (Please See Instructions Before Completing)</b> 1234 Scorpia Place City, State, Zip Code Dallas, Texas 75205				<b>F. Nationality (Citizenship)</b> Specify <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other _____			<b>G. Do you read, speak and understand English?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<b>M. Do you now hold, or have you ever held an FAA Pilot Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>N. Grade Pilot Certificate</b>			<b>O. Certificate Number</b>			<b>P. Date Issued</b>							
<b>Q. Do you hold a Medical Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>R. Class of Certificate</b>			<b>S. Date Issued</b>			<b>T. Name of Examiner</b>							
<b>U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>W. Glider or Free Balloon Pilots only:</b>				<b>Medical Statement:</b> I have no known physical defect which makes me unable to pilot a glider or free balloon.						<b>Signature</b>				<b>X. Date</b>			
<b>II. Certificate or Rating Applied For on Basis of:</b>																	
<input type="checkbox"/> A. Completion of Required Test		<b>1. Aircraft to be used (if flight test required)</b>				<b>2a. Total time in this aircraft</b> hours				<b>2b. Pilot in command</b> hours							
<input type="checkbox"/> B. Military Competence Obtained In		<b>1. Service</b>				<b>2. Date Rated</b>				<b>3. Rank or Grade and Service Number</b>							
<input type="checkbox"/> C. Graduate of Approved Course		<b>4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft.</b>															
<input type="checkbox"/> D. Holder of Foreign License Issued By		<b>1. Name and Location of Training Agency or Training Center</b>												<b>1a. Certification Number</b>			
<input type="checkbox"/> E. Completion of Air Carrier's Approved Training Program		<b>2. Curriculum From Which Graduated</b>												<b>3. Date</b>			
<input type="checkbox"/> F. Holder of Foreign License Issued By		<b>1. Country</b>				<b>2. Grade of License</b>				<b>3. Number</b>							
<input type="checkbox"/> G. Completion of Air Carrier's Approved Training Program		<b>4. Ratings</b>				<b>1. Name of Air Carrier</b>				<b>2. Date</b>				<b>3. Which Curriculum</b> <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition			
<b>III. Record of Pilot time (Do not write in the shaded areas.)</b>																	
Total	Instruction Received	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instruction Received	Night Take-off/Landing	Night Pilot in Command	Night Take-off/Landing Pilot in Command	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches	Number of Free Flights
Airplanes																	
Rotorcraft																	
Glider																	
Lighter than Air																	
Training Device Simulator																	
<b>IV. Have you failed a test for this certificate or rating?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Within the Past 30 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>V. Applicant's Certification</b> — I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.																	
<b>Signature of Applicant</b> James R. Sowell												<b>Date</b> 9-27-96					
<b>FAA Use Only</b>																	
EMP	REG	D.O.	SEAL	CON	ISS	ACT	LEV	TR	S.H.	SRCH	MRTE	RATING (1)					



**FIGURE 27-6  
FAA FORM 8500-13, SPECIAL MEDICAL FLIGHT TEST REPORT**

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION  <b>SPECIAL MEDICAL FLIGHT TEST REPORT</b>		PAGE      OF      PAGES <i>p</i>
		DATE
		REFERENCE NUMBER
TO :		FROM: OPERATIONS INSPECTOR
NAME OF PERSON TESTED		NAME OF INSPECTOR
<b>FLIGHT TEST REPORT</b>		
DATE	TYPE OF AIRMAN CERTIFICATE	CLASS OF MEDICAL CERTIFICATE
TYPE AND MODEL OF AIRCRAFT EMPLOYED		H.P.
DESCRIPTION <i>(In those cases requiring the wearing of correcting lenses, state at the beginning of the description of each portion of the test whether or not lenses were worn during that portion.)</i>		

FAA Form 8500-13 (11-88) Formerly FAA Form 1514.

**FIGURE 27-7  
FAA FORM 8500-9, MEDICAL CERTIFICATE**

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						
MEDICAL CERTIFICATE _____ CLASS						
This certifies that (Full name and address):						
Date of Birth	H t.	Wt.	Hair	Eyes	Sex	
S A M P L E						
has met the medical standards described in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.						
Limitations						
Date of Examination			Examiner's Serial No.			
Examiner	Signature					
	Typed Name					
AIRMAN'S SIGNATURE						

FAA FORM 8500-9 (7-92) Supersedes Previous Edition

**FIGURE 27-8  
FAA FORM 8710-1, AIRMAN CERTIFICATE AND/OR RATING APPLICATION (REVERSE  
SIDE) DEPICTING FAILURE OF COMBINATION TEST**

<b>Instructor's Recommendations</b>					
I have personally instructed the applicant and considered this person ready to take the test.					
Date	Instructor's Signature	Certificate No:	Certificate Expires		
<b>Air Agency's Recommendation</b>					
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.					
Date	Agency Name and Number	Official's Signature			
		Title			
<b>Designated Examiner's Report</b>					
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <input type="checkbox"/> Approved—Temporary Certificate Issued (Copy Attached) <input type="checkbox"/> Disapproved—Disapproval Notice Issued (Copy Attached)					
Location of Test (Facility, City, State)			Duration of Test		
			Ground	Simulator	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)	
Date	Examiner's Signature	Certificate No.	Designation No.	Designation Expires	
<b>Evaluator's Record For Airline Transport Certificate/Rating Only</b>					
	Inspector	Examiner	Signature	Date	
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
<b>Inspector's Report</b>					
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.					
<input type="checkbox"/> Approved - Temporary Certificate Issued <input checked="" type="checkbox"/> Disapproved - Disapproval Notice Issued					
Location of Test (Facility, City, State)			Duration of Test		
Will Rogers World Airport Oklahoma City, OK			Ground	Simulator	Flight
			1.0		1.5
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)	
Private Pilot - ASEL (Medical Flight Test)		ERCOUPE 415C		N99999	
<input type="checkbox"/> Student Pilot Certificate issued <input checked="" type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> ACCEPTED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> Reissuance or Exchange of Pilot Certificate <input checked="" type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-130		<input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Certificate Issued <input type="checkbox"/> Certificate Denied		<input type="checkbox"/> Instructor <input type="checkbox"/> Flight <input type="checkbox"/> Ground <input type="checkbox"/> Renewal <input type="checkbox"/> Approved <input type="checkbox"/> Reinstatement <input type="checkbox"/> Disapproved Instructor Renewal Based on <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Acquaintance <input type="checkbox"/> Test	
Training Course (FIRC) Name		Graduation Certificate No.		Date	
Date	Inspector's Signature			FAA District Office	
9-20-94	John P. Hightower			ASW-OKC-F500	
<b>Attachments:</b>					
<input type="checkbox"/> Student Pilot Certificate (copy) <input type="checkbox"/> Report of Written Examination <input type="checkbox"/> Temporary Pilot Certificate (copy)		<input checked="" type="checkbox"/> Airman's Identification (ID) Oklahoma Driver's License Form of ID Number 123456789 Expiration Date 6-30-95		<input checked="" type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Pilot Certificate <input type="checkbox"/> Answer Sheet Graded <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument)	

**FIGURE 27-9  
FAA FORM 8060-5, NOTICE OF DISAPPROVAL OF APPLICATION**

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION  <b>NOTICE OF DISAPPROVAL OF APPLICATION</b>		<b>NOTE</b>  PRESENT THIS FORM UPON APPLICATION FOR REEXAMINATION	
NAME AND ADDRESS OF APPLICANT JOHN DOE 44 Magnum Place Prescott, OK 71213		CERTIFICATE OR RATING SOUGHT PRIVATE PILOT- AIRPLANE SINGLE-ENGINE LAND	
On the date shown, you failed the examination indicated below:			
<input checked="" type="checkbox"/> FLIGHT		<input type="checkbox"/> ORAL	
<input type="checkbox"/> PRACTICAL			
AIRCRAFT USED ( <i>Make and Model</i> ) ERCOUPE 415C		FLT. TIME RECORDED IN LOGBOOK	
	PILOT-IN-COMM. OR SOLO 25	INSTRUMENT 2	DUAL 30
UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING: Maneuvering at critically slow airspeed.  Limited to ERCOUPE 415 SERIES WITHOUT RUDDER PEDALS.			
I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate of rating sought.			
DATE OF EXAMINATION September 20 1996	SIGNATURE OF EXAMINER OR INSPECTOR		DESIGNATION OR OFFICE NO. AWP-FSDO-09
FAA Form 8060-5 (4-82)		AFS Electronic Forms System - JetForm FormFlow - 12/1998	

**FIGURE 27-10  
FAA FORM 8710-1, AIRMAN CERTIFICATE AND/OR RATING APPLICATION (REVERSE  
SIDE) DEPICTING PASSAGE OF MEDICAL TEST ONLY**

<b>Instructor's Recommendation</b>					
I have personally instructed the applicant and consider this person ready to take the test.					
Date	Instructor's Signature	Certificate No.	Certificate Expires		
<b>Air Agency's Recommendation</b>					
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.					
Date	Agency Name and Number	Official's Signature			
		Title			
<b>Designated Examiner's Report</b>					
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.					
<input type="checkbox"/> Approved—Temporary Certificate Issued (Copy Attached) <input type="checkbox"/> Disapproved—Disapproval Notice Issued (Copy Attached)					
Location of Test (Facility, City, State)			Duration of Test		
			Ground	Simulator	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)	
Date	Examiner's Signature	Certificate No.	Designation No.	Designation Expires	
<b>Evaluator's Record For Airline Transport Certificate/Rating Only</b>					
	Inspector	Examiner	Signature	Date	
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
<b>Inspector's Report</b>					
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.					
<input type="checkbox"/> Approved—Temporary Certificate Issued <input type="checkbox"/> Disapproved—Disapproval Notice Issued					
Location of Test (Facility, City, State)			Duration of Test		
Will Rogers World Airport Oklahoma City, OK			Ground	Simulator	Flight
			1.0		1.5
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)	
		ERCOUPE 415C		N99999	
<input type="checkbox"/> Student Pilot Certificate issued <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input checked="" type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130.		<input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Certificate Issued <input type="checkbox"/> Certificate Denied		<input type="checkbox"/> Instructor <input type="checkbox"/> Flight <input type="checkbox"/> Ground <input type="checkbox"/> Renewal <input type="checkbox"/> Approved <input type="checkbox"/> Reinstatement <input type="checkbox"/> Disapproved <b>Instructor Renewal Based on</b> <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Acquaintance <input type="checkbox"/> Test	
Training Course (FIRC) Name		Graduation Certificate No.		Date	
Date	Inspector's Signature	FAA District Office			
9-20-94	John W. Nightowser	ASW-OKC-FSDO			
<b>Attachments:</b>					
<input type="checkbox"/> Student Pilot Certificate (copy) <input type="checkbox"/> Report of Written Examination <input type="checkbox"/> Temporary Pilot Certificate (copy)		<input checked="" type="checkbox"/> Airmans Identification (ID) Oklahoma Driver's License Form of ID Number 123456789 Expiration Date 6-30-95		<input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Pilot Certificate <input type="checkbox"/> Answer Sheet Graded <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument)	

**FIGURE 27-11  
FAA FORM 8500-15, STATEMENT OF DEMONSTRATED ABILITY**

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION  <b>STATEMENT OF DEMONSTRATED ABILITY</b> <i>This form cannot be used in lieu of a medical certificate; it should be attached to your medical certificate.</i>									
AIRMAN'S NAME AND ADDRESS JOHN DOE 1320 BAY STREET OKLAHOMA CITY, OK 73125									
CLASS OF MEDICAL CERTIFICATE AUTHORIZED SECOND	WAIVER SERIAL NO. <table border="1" style="width:100%; text-align:center;"> <tr> <td>2</td><td>0</td><td>F</td><td>2</td><td>9</td><td>6</td><td>2</td><td>5</td> </tr> </table>	2	0	F	2	9	6	2	5
2	0	F	2	9	6	2	5		
LIMITATIONS NONE									
PHYSICAL DEFECTS DEFECTIVE COLOR VISION									
BASIS OF ISSUANCE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> OPERATIONAL EXPERIENCE</td> <td><input type="checkbox"/> SPECIAL PRACTICAL TEST</td> <td><input type="checkbox"/> SPECIAL FLIGHT TEST</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> OPERATIONAL EXPERIENCE	<input type="checkbox"/> SPECIAL PRACTICAL TEST	<input type="checkbox"/> SPECIAL FLIGHT TEST	<input type="checkbox"/>				
<input type="checkbox"/> OPERATIONAL EXPERIENCE	<input type="checkbox"/> SPECIAL PRACTICAL TEST	<input type="checkbox"/> SPECIAL FLIGHT TEST							
<input type="checkbox"/>									
<b>FOR THE FEDERAL AIR SURGEON</b>									
DATE 02/25/96	NAME AND TITLE (TO BE TYPED) Audie W. Davis, M.D., Mgr. Aeromedical Certification Division								
SIGNATURE (TO BE SIGNED IN INK) <div style="text-align:right; font-family: cursive;">                     Audie W. Davis, M.D.                 </div>									

FAA FORM 8500-15 (3-80) USE PREVIOUS EDITION

**FIGURE 27-12  
FAA FORM 8710-1, AIRMAN CERTIFICATE AND/OR RATING APPLICATION (REVERSE  
SIDE) DEPICTING PASSAGE OF COMBINATION TEST**

<b>Instructor's Recommendation</b> I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature	Certificate No:	Certificate Expires
<b>Air Agency's Recommendation</b>			
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.			
Date	Agency Name and Number	Official's Signature	
		Title	
<b>Designated Examiner's Report</b>			
<input type="checkbox"/> Student Pilot Certificate issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <input type="checkbox"/> Approved—Temporary Certificate Issued (Copy Attached) <input type="checkbox"/> Disapproved—Disapproval Notice Issued (Copy Attached)			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator
			Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
Date	Examiner's Signature	Certificate No.	Designation No. Designation Expires
<b>Evaluator's Record For Airline Transport Certificate/Rating Only</b>			
	Inspector	Examiner	Signature
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Inspector's Report</b>			
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.			
<input checked="" type="checkbox"/> Approved—Temporary Certificate Issued <input type="checkbox"/> Disapproved—Disapproval Notice Issued			
Location of Test (Facility, City, State)		Duration of Test	
Will Rogers World Airport Oklahoma City, OK		Ground	Simulator
		1.0	1.5
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
Private Pilot ASEL (Medical Flight Test)		ERCOUPE 415C	N99999
<input type="checkbox"/> Student Pilot Certificate issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Instructor <input type="checkbox"/> Flight <input type="checkbox"/> Ground <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Military Competence <input type="checkbox"/> Renewal <input type="checkbox"/> Approved <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Foreign License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Disapproved <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Approved Course Graduate <b>Instructor Renewal Based on</b> <input checked="" type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130 <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Certificate Issued <input type="checkbox"/> Certificate Denied <input type="checkbox"/> Acquaintance <input type="checkbox"/> Test			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature	FAA District Office	
1-15-95	John W. Nightower	ASW-DKC-FSDO	
<b>Attachments:</b>			
<input type="checkbox"/> Student Pilot Certificate (copy) <input checked="" type="checkbox"/> Airmans Identification (ID) <input type="checkbox"/> Notice of Disapproval <input checked="" type="checkbox"/> Report of Written Examination <u>Oklahoma Driver's License</u> <input checked="" type="checkbox"/> Superseded Pilot Certificate <input checked="" type="checkbox"/> Temporary Pilot Certificate (copy)    Form of ID <u>123456789</u> <input type="checkbox"/> Answer Sheet Graded Number <u>6-30-97</u> <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument) Expiration Date			

**FIGURE 27-13  
SIGNAL LIGHT TEST JOB AID**

DISTANCE FROM LIGHT	COLOR DISPLAYED	COLOR RESPONSE FROM APPLICANT
<b>1000 FEET</b>  DAY	1.  2.  3.	1.  2.  3.
NIGHT	1.  2.  3.	1.  2.  3.
<b>1500 FEET</b>  DAY	1.  2.  3.	1.  2.  3.
NIGHT	1.  2.  3.	1.  2.  3.

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