

Notification Letter

*Use this document to report driver's license actions and convictions only.¹
Arrests are only required to be detailed on your Application for Medical Certificate, FAA Form 8500-8.*

Date: _____

1. NAME: _____
(Last Name, First Name, Middle Name or Initial)

2. DATE OF BIRTH: _____

3. CERTIFICATE #: _____

4. ADDRESS: _____
(Street Number/Name, Post Office Box, RFD...etc.)

(City, State, Zip Code)

5. TELEPHONE NUMBER: _____

6. Have you received an Alcohol Related Suspension/Revocation against your driver's license? Yes No
(Refuse to test, BAC* over legal limit,etc.) * Blood Alcohol Content

DATE OF SUSPENSION/REVOCAION: _____

STATE HOLDING RECORD: _____

DRIVER'S LICENSE NUMBER or ASSIGNED ID NUMBER IF NOT LICENSED IN THE STATE WHERE THE VIOLATION OCCURRED:

7. Have you been convicted of an alcohol related offense? Yes No
(DUI,DWI, OUI, OWI, DWAI, etc.)

DATE OF CONVICTION: _____

STATE HOLDING RECORD: _____

COURT LOCATION: _____

8. STATEMENT: (Is this action related to a previously reported action or is this a result of a separate "new" incident?)

(Signature)

You may print this document and submit via:

mail: FEDERAL AVIATION ADMINISTRATION
SECURITY & INVESTIGATIONS DIVISION (AMC-700)
P. O. BOX 25810
OKLAHOMA CITY, OK 73125

OR *fax: (405) 954-4989*

¹ A Motor Vehicle Action is **ANY** alcohol/drug related administrative action taken against a person's state driver's license-(including **suspensions, cancellations, revocations, or denials of a license to operate a motor vehicle**), and/or **conviction for an alcohol related motor vehicle offense**.