

Request for Change of Certificate Number

PRIVACY ACT: This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) are optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airmen qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suites; to provide data for the Comprehensive Airmen Information System.

If you hold an airman certificate that uses your Social Security Number (SSN) as your certificate number and would like our office to change that certificate number to a unique number other than your SSN or would like our office to remove your SSN completely from our records, please check the appropriate box below, complete and sign the form, and return it to the following address:

Federal Aviation Administration
Airmen Certification Branch, AFS-760
PO Box 25082
Oklahoma City, OK 73125-0082

1. Please assign a unique number to my certificates and reissue. I understand that my SSN will not appear on any certificate and will be used **only** as an identification number by the Airmen Certification Branch.

2. Please assign a unique number to my certificates and reissue. I understand that my SSN will not appear on any certificate and will not be used to identify my airmen certification records. A pseudo number will be assigned to my airmen certification records for identification purposes. **I agree that I will not furnish my SSN on any future applications for Airman or Medical certifications.**

Name: _____ SSN: _____
(Please Print)

Address: _____

Date of Birth: _____ Place of Birth: _____

Signature

Date