

VOLUME 5 AIRMAN CERTIFICATION**CHAPTER 8 CONDUCT A SPECIAL MEDICAL TEST—TITLE 14 CFR PART 67****Section 1 Issuance of a Medical Certificate and/or a SODA, or LOE****5-1521 PROGRAM TRACKING AND REPORTING SUBSYSTEM (PTRS) ACTIVITY CODE. 1531.**

5-1522 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), or Letter of Evidence (LOE) based on the appropriate test. Successful completion of specified tasks may result in the issuance of a medical certificate and/or a SODA, or LOE.

5-1523 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, § 67.401, are frequently required for applicants who do not meet certain medical standards. Such testing is conducted solely by aviation safety inspectors (ASI) and may be conducted only after issuance of a letter of authorization (LOA) (see Figure 5-153). The LOA for an airman who has requested a special medical test must be issued by the Federal Air Surgeon; the Manager, Aerospace Medical Certification Division (AAM-300); or by a Regional Flight Surgeon. Operating limitations on pilot certificates issued to pilots with physical deficiencies may be added or removed as a result of the special medical flight test findings.

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 ASI should consult the related airman certification section in this volume in addition to this section. Chapter 8 of this document refers to medical certificate action. Any reference to the medical certificate also includes the combined Medical Certificate and Student Pilot Certificate. The applicant may be entitled to a separate pilot certificate.

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 ASI or a designated pilot examiner (DPE), except where the medical portion is dependent upon the demonstration of piloting skills in which case the decision to retest must be made in consultation with the Office of Aerospace Medicine.

D. Letter of Authorization.

1) The LOA for the special medical test contains guidelines and usually a handbook reference to help the ASI determine whether the applicant is able to safely operate an aircraft. When the applicant's abilities are compared to those of the ASI, it is assumed that the ASI's physical attributes are normal. If there is any doubt as to the ASI's qualifications to conduct a particular test, the test should be assigned to another ASI 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 ASI. The ASI may add test items if necessary.

2) A special medical test shall be conducted only by an ASI 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 ASI or a DPE.

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

F. Defective Color Vision.

1) Applicants who fail the color vision screening test as listed in the Guide for Aviation Medical Examiners, but desire an airman medical certificate without the color vision limitation, "NOT VALID FOR NIGHT FLYING OR BY COLOR SIGNAL CONTROL," may be given, upon request, an opportunity to take and pass additional operational color perception tests. The operational tests are determined by the class of medical certificate requested (see Figure 5-153A). Such testing is conducted solely by an ASI and may be conducted only on a LOA (see Figures 5-153B and 5-153C). Applicants for a first- or second- class medical certificate are required to take and pass an Operational Color Vision Test (OCVT) and a color vision Medical Flight Test (MFT). Applicants for a third class medical certificate need only to take and pass the OCVT.

2) The OCVT has two components, the Signal Light Test (SLT) and demonstration of the ability to correctly read and identify colors on aeronautical charts. (See paragraph 5-1526E6) for instructions on how to conduct the OCVT.) Applicants for a medical certificate who have defective color vision must be initially tested in daylight conditions, and if specified in the LOA, a nighttime test may be authorized to be given only after the daylight test has been completed.

G. Completion of Medical Test. National Transportation Safety Board Safety Recommendation 97.269 committed the Federal Aviation Administration (FAA) to revising its guidance on conducting a special medical test 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. The limitation is 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 an MFT. If during any of the special medical tests (with the exception of a SLT), the ASI determines that the applicant has failed to meet the test standard, the ASI should terminate the test before it is completed. However, the SLT must be completed before an assessment is made regarding success or failure of the test.

H. 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 5-154). If the pilot certificate portion of the test is failed, the operating limitations are placed on FAA Form 8060-5 (Figure 5-155) 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 the Flight Standards Airmen Certification Branch, 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 ERCOUCPE 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. Also consider aircraft with variable pitch propeller considerations.

3) The inspector must be mindful that physical limitation(s) may not be compatible with all flight deck configurations. While limitations were traditionally constructed to eliminate the need for subsequent special medical tests, in the interest of safety, specific limitations such as make/model of aircraft, or specific assist devices may be appropriate.

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.

5-1524 PREREQUISITES AND COORDINATION REQUIREMENTS.

A. Prerequisites. This task requires knowledge of the requirements of 14 CFR part 61 and FAA policies, and qualification as an aviation safety inspector (Operations). A qualified aviation safety technician who has normal color vision may administer the OCVT.

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

5-1525 REFERENCES, FORMS, AND JOB AIDS.

A. References (current editions):

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

B. Forms:

- FAA Form 8060 - 4, Temporary Airman Certificate (Depicting Passing of a Medical Flight Test in Conjunction with a Practical Test with a Limitation Included (Figure 5-154).
- FAA Form 8060 - 5, Notice of Disapproval of Application (Figure 5-155).
- FAA Form 8500 - 9, Medical Certificate (Figure 5-159).
- FAA Form 8500 - 13, Special Medical Flight Test Report (Figure 5-158).
- FAA Form 8500 - 15, Statement of Demonstrated Ability (Figure 5-162).
- FAA Form 8710 - 1, Airman Certificate and/or Rating Application (Reverse Side) (Depicting Failure of Medical Test Only by an FAA Inspector) (Figure 5-157).

C. Job Aids:

- Operational Color Vision Test - Signal Light Test Job Aid (Figure 5-164).
- Sample letters and figures.

5-1526 PROCEDURES (EXCEPT SLT).

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:

1. 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.

2. 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; and
- FAA Form 8710-1 (Figure 5-156).

d) If it is a combined test, see the related chapter in this order 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) Parts 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 7, Chapter 7, 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 order 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 paragraph 5-1523 H1) 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:

- The ability to hear radio, voice, and signal communications;
- 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 lip reading by having the applicant respond to questions while looking away from the ASI);
- The ability to estimate glide by sound in relation to speed; and
- 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:

- Recognition of engine power loss or engine failure by a change in vibration and by instrument scan;
- Recognition of approaching stall by aerodynamic buffet and visual cues; and
- Recognition of retractable gear emergencies (if applicable) by observation of gear warning lights.

3) Observe an applicant with a *deformity or absence of an extremity* 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:

- The ability to select emergency landing fields at a distance, from high altitude, and preferably over unfamiliar terrain.
- 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.
- 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).
- The ability to judge distances and to recognize landmarks (compared with the ASI's estimate).
- The ability to land the aircraft.
- The ability to read aeronautical charts in flight and tune the radio to a predetermined station accurately and rapidly.
- 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) Observe the applicant with a *color vision defect*.

a) An applicant for a first- or second- class airman medical certificate who has defective color vision, must demonstrate the following:

1. The ability to pass an OCVT which includes:

- A SLT (see paragraph 5-1527); and
- The ability to read and correctly interpret in a timely manner aeronautical charts, including print in various sizes, colors, and typefaces; conventional markings in several colors; and terrain colors. Aeronautical chart reading may be performed under any light condition where the chart will normally be read. The ASI or AST must provide the aeronautical chart.

2. The ability to pass a color vision MFT as described below:

- Must read and correctly interpret in a timely manner aviation instruments or displays, particularly those with colored limitation marks, and colored instrument panel lights, especially marker beacon lights, warning or caution lights, weather displays, etc.
- Must recognize terrain and obstructions in a timely manner; 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.

- Must visually identify in a timely manner the location, color and significance of aeronautical lights. To minimize the effect of an applicant memorizing the color of a light associated with a particular light system, the ASI should make every effort to not use the light system name during the flight, but rather to ask the applicant to identify a light color and the significance of as many of the following lights as possible:

a. Colored lights of other aircraft in the vicinity.

b. Runway approach lights, both the Approach Light System (ALS) and Visual Glideslope Indicators.

c. Runway edge light system.

d. Runway End Identifier Lights.

e. In-runway lighting (runway centerline (CL) lights, touchdown zone (TDZ) lights, taxiway lead-off lights, land and hold short lights.

f. Airport boundary lights.

g. Taxiway lights (edge lights, CL lights, clearance bar lights, runway guard lights, and stop bar lights.

h. Red warning lights on television towers, high buildings, stacks, etc.

i. Airport beacon lights.

b) An applicant for a third-class airman medical certificate who has defective color vision must demonstrate the ability to pass the OCVT (see 6)a)1) above).

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 Portion 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 5-157).

- On the reverse side, fill in the "Special Medical Test Conducted" block.
- Sign and date the application. Indicate the district office acronym.

2) Prepare FAA Form 8500-13 (Figure 5-158). In the "Description" section, include the following:

- Applicant's defect;
- Type of test given;
- ASI's recommendations;
- Appropriate alternate procedures deemed necessary by the ASI;
- Noteworthy physical attributes of the applicant in comparison to those of the ASI;
- Unusual applicant reactions;
- Marginal or simulated marginal conditions for the test;
- Applicant's susceptibility to distraction from simultaneous tasks; and
- Necessary operating limitations for the pilot certificate concerned or Statement of "NO LIMITATIONS" (if applicable).

3) Send the SODA (if applicable), the medical certificate, FAA Form 8500-9 (Figure 5-159) 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 5-160).
 - a) On the reverse side under ASI'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 5-158).
- 3) Prepare FAA Form 8060-5 (Figure 5-155) per the instructions in Volume 5, Chapter 4, Section 5, Part 63, Aircraft Navigator Certificates.
- 4) Send the SODA, the medical certificate, FAA Form 8500-9 (Figure 5-159) if provided by the issuing medical office or the Aerospace 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 Portion Only. If an applicant's medical test performance is successful, inform the applicant and proceed as follows:

- 1) Complete FAA Form 8710-1 (Figure 5-161).
 - a) On the reverse side, fill in the "Special Medical Test Conducted" block.
 - b) Check the "Approved Box" and line thru Temporary Certificate Issued, if applicable.

c) Complete the Inspector's Report in its entirety (Location of Test, Duration of Test, annotate "Medical Flight Test" under Certificate or Rating for Which Tested, Type of Aircraft Used, and the Registration No.).

d) Sign and date the application. Indicate the district office acronym and the inspector's certificate number.

2) Prepare FAA Form 8500-13 (Figure 5-158). In the "Description" section, include the following:

- Applicant's defect;
- Type of test given;
- ASI's recommendations;
- Appropriate alternate procedures deemed necessary by the ASI;
- Noteworthy physical attributes of the applicant in comparison to those of the ASI;
- Unusual applicant reactions;
- Marginal or simulated marginal conditions for the test;
- Applicant's susceptibility to distraction from simultaneous tasks; and
- Necessary operating limitations for the pilot certificate concerned or Statement of "NO LIMITATIONS" (if applicable).

3) Prepare FAA Form 8500-15 (Figure 5-162).

4) In the case of a successful applicant, the ASI may issue the medical certificate and SODA (if applicable) to the applicant, and forward the flight test report to issuing medical office or AAM-300.

J. Successful Performance—Combination Test.

1) Complete FAA Form 8710-1 (Figure 5-163).

a) On the reverse side, under ASI's Report, check "Approved—Temporary Certificate Issued."

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

c) Complete the Inspector's Report in its entirety (Location of Test, Duration of Test, annotate "Medical Flight Test" under Certificate or Rating for Which Tested, Type of Aircraft Used, and the Registration No.).

d) Sign and date the application. Indicate the district office acronym and the inspector's certificate number.

e) Under the Attachments section, check the "Temporary Pilot Certificate" box.

2) Prepare FAA Form 8500-13 in the same manner as above (Figure 5-158).

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

4) Prepare FAA Form 8060 – 4 (Figure 5-154) as per the instructions in Volume 5, Chapter 4, Section 5. Include any limitations.

5) Issue the medical certificate and SODA if they have been provided by the issuing medical office or the Aerospace 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 5-159), the copy of the SODA, if provided by the issuing medical office or the Aerospace 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, PTRS Data Sheet, in accordance with the PPM.

5-1527 PROCEDURES FOR THE SLT ONLY.

A. PTRS. Open PTRS file.

B. Schedule Appointment. Schedule the appointment, during daylight conditions or as specified in the LOA. Instruct the applicant to bring the LOA and medical certificate to the appointment.

C. Test Coordination. The ability to identify aviation red, green, and white is verified using the SLT. This test may be accomplished at the FSDO or the nearest air traffic control (ATC) tower which has a tower signal light or hand-gun signal light. The operator of the equipment must ensure it is properly maintained and in good working order prior to initiating the test. In addition, every effort should be made to provide an environment that does not hamper the applicant's ability to successfully complete the test, i.e., mist, fog, dirty ATC Tower windows, Tower Cab shades drawn, overcast, etc. The signal light operator must not have the sun to their back. The ASI shall not indicate the accuracy of the readings during the test. If the applicant does not call each color correctly within the time period that the light is shown, the applicant fails; the test, however, is continued until completion.

D. Conduct SLT.

1) The signal light operator should shine the light steadily for a period of five seconds twice randomly as directed by the ASI for each color, green, red, and white.

2) The ASI must pre-arrange the sequence of 12 lights to be shown to the applicant. Each color must be shown at least one time at 3 minute intervals for 5 seconds. Inform the light operator of the signal that will be used (hand signal, radio, etc.) to indicate when to shine the light.

3) The ASI must accompany the applicant to an area approximately 1,000 feet from the light operator and ask the applicant to respond to each of six lights by stating the light color shown. Instruct the applicant to respond within the 5 seconds after the light is shown.

4) Signal the light operator to begin the procedure.

a) Using the job aid in Figure 5-164, record the color displayed and applicant's response.

b) After a 3-minute interval, repeat the procedure until all six lights are shown.

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

6) Applicants who pass the OCVT and the color vision Medical Flight Test (see paragraph 5-1523 G of this chapter) will be given a letter of evidence valid for *all classes* of medical certificates and will have no limitation or comment made on the certificate regarding color vision as they meet the standard for all classes. Applicants who only pass the OCVT will be given a letter of evidence valid for third-class medical certificate. Certificates for *third-class* will have a comment put in the limitation area of the certificate that reads: *3rd class letter of evidence*. This comment is necessary to avoid an upgrade in class without further testing.

7) An applicant who fails the SLT portion of the OCVT during daylight hours may repeat the test at night. Should the airman pass the SLT 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 the issuing medical office or the Aerospace Medical Certification Division, AAM-300. The airman must have taken the daylight hours test first and failed prior to taking the night test. The day test documentation must be combined with the night test documentation and sent to the issuing medical office or to AAM-300.

8) Should the applicant fail the SLT portion of the OCVT during daylight hours and at night, the restriction "NOT VALID FOR NIGHT FLYING OR BY COLOR SIGNAL CONTROL" must be placed on the medical certificate. If needed, contact the Regional Medical Office or the Aerospace Medical Certification Division, AAM-300, to specify the correct wording on the certificate. Applicants who fail the daylight SLT are not eligible for a first- or second-class medical certificate, and may not be given a letter of evidence or have the limitation removed or modified.

NOTE: Airmen with this limitation should be advised that to minimize the effect of loss of radio communications, they should as a safety practice carry an extra radio, and in the event of ATC radio communication outage to consider in planning their flight the possibility to divert to another airport or to an uncontrolled airport.

E. Unsuccessful Performance.

1) Prepare FAA Form 8500-13 (Figure 5-158). In the “Description” section, include the following information:

- Applicant’s defect;
- Type of test given;
- ASI’s recommendations;
- Appropriate alternate procedures deemed necessary by the ASI;
- Noteworthy physical attributes of the applicant in comparison with those of the ASI;
- Unusual applicant reactions;
- Marginal or simulated marginal conditions for the test;
- Applicant’s susceptibility to distraction from simultaneous tasks; and
- Necessary operating limitations for the pilot certificate concerned.

2) Send the superseded medical certificate, a copy of the letter of evidence, if provided by the issuing medical office or the Aerospace 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 5-158) in the same manner as above.

2) Issue the medical certificate and letter of evidence, if they have been provided by the issuing medical office or the Aerospace 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 letter of evidence (if provided by the issuing medical office or the Aerospace Medical Certification Division, AAM-300), the LOA, and the medical flight test report to the issuing medical office or the Aerospace Medical Certification Division, AAM-300.

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

5-1528 TASK OUTCOMES. Completion of this task results in issuing one or more of the following:

- Medical Certificate;
- SODA;
- Temporary Airman Certificate; or
- Notice of Disapproval of Application.

5-1529 FUTURE ACTIVITIES.

- Applicant may return for an authorized retest.
- Applicant may return for removal of limitations.

- 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.

RESERVED. Paragraphs 5-1530 through 5-1545.

Figure 5 -153, Sample Letter of Authorization for Medical Flight Test

RRMFTFSDO

FEDERAL AVIATION ADMINISTRATION
SUPERVISOR FSDO
(FSDO ADDRESS)

Ref: {PI#}
{APPLICANT ID#}

{Airman's Name} has been authorized to arrange with you for a Medical Flight Test, {first, second, or third}-class, because of _____.

The appropriate test procedure is outlined in Federal Aviation Administration Order 8900.1, Flight Standards Information Management System, Volume 5, Chapter 8, Section 5-1526, Item E(<type one: 1. hearing impairment; 2. total hearing loss; 3. deformity or absence of extremities; 4. visual defect; 5; speech defect; 6. defective color vision>). Any other testing that would assist you in determining the applicant's ability is authorized.

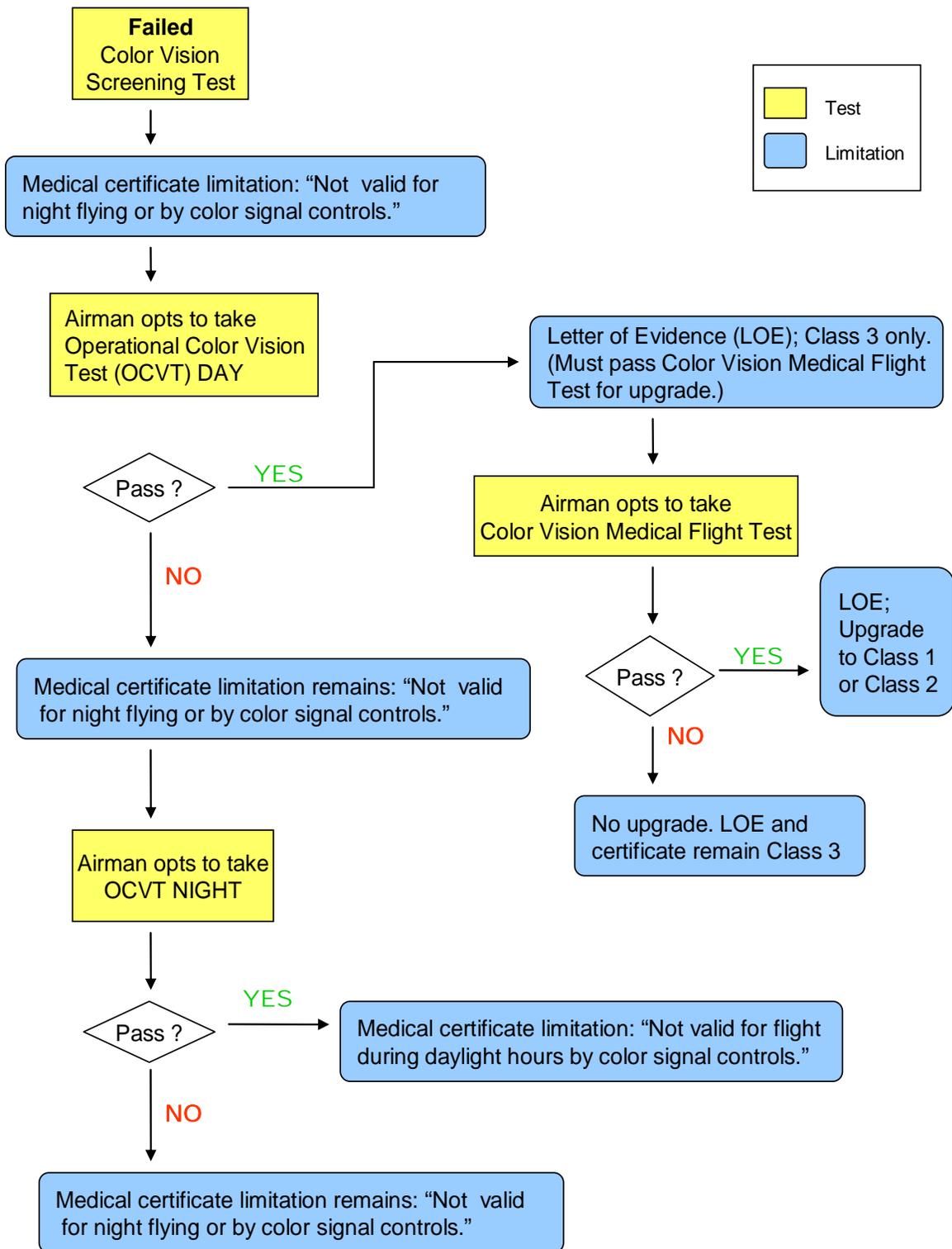
A Medical Certificate and Statement of Demonstrated Ability (waiver) are enclosed for issuance to the applicant upon successful completion of the test. In borderline situations, you may elect to return the medical certificate and waiver with your report to this office for further consideration.

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

Sincerely,

Manager, Aerospace Medical Certification Division
Civil Aerospace Medical Institute

Figure 5-153A, Color Vision Testing



10/24/07

Figure 5-153B, Sample Letter of Authorization for Operational Color Vision Test

RMFTSLTAM

Ref: PI # _____

Dear:

You are hereby authorized to take the Operational Color Vision Test during daylight hours.

To complete arrangements for the test, you should make an appointment with:

SUPERVISING INSPECTOR
FLIGHT STANDARDS DISTRICT OFFICE

This letter should be retained by you and presented to the inspector when you appear for the test. You should also bring your current medical certificate and a form of identification with you to present to the operations inspector who conducts the test. If you do not have this information with you, you will not be allowed to take the test.

Upon successful completion of the test, you may be presented:

- A corrected medical certificate and,
- A color vision evidence letter “valid for Third Class Only.”

However, the inspector may wish to return the test results to this office for further review and decision. The Statement of Demonstrated Ability (waiver) will permit you recertification at the same class as long as your physical defect does not become greater than presently reported.

If you do not meet the standard during the daylight test:

- You may retake the Operational Color Vision Test at night.
- Upon successful completion of the Operational Color Vision Test at night, you may be presented with a corrected medical certificate and a Statement of Demonstrated Ability with the limitations “Not valid for flight during daylight hours by color vision control.”
- You may not take the Operational Color Vision Test at night without first taking the test during daylight hours.

If you do not meet the standard during daylight hours and at night, the limitation on your medical certificate will remain “Not valid for night flight or by color signal control.”

Sincerely,

Manager, Aerospace Medical Certification Division
Civil Aerospace Medical Institute

REVISED 10-23-07

Figure 5 -153C, Sample Letter of Authorization for Operational Color Vision Test and Color Vision Medical Flight Test

RRMFTSLTAM

Ref: PI # _____

Dear:

You are hereby authorized to take the Operational Color Vision Test and color vision Medical Flight Test (MFT) during daylight hours.

To complete arrangements for the test, you should make an appointment with:

SUPERVISING INSPECTOR
FLIGHT STANDARDS DISTRICT OFFICE

This letter should be retained by you and presented to the inspector when you appear for the test. You should also bring your current medical certificate, a form of identification, and your pilot certificate with you to present to the operations inspector who conducts the test. If you do not have this information with you, you will not be allowed to take the test.

Upon successful completion of the Operational Color Vision Test, you may qualify for:

- A corrected medical certificate and,
- A color vision evidence letter “valid for Third Class Only.”

However, the inspector may wish to return the test results to this office for further review and decision. The Statement of Demonstrated Ability (waiver) will permit you recertification at the same class as long as your physical defect does not become greater than presently reported.

If you meet the standard of the Operational Color Vision Test during daylight hours, you may take the color vision MFT. Upon successful completion of the color vision MFT, you may be presented with:

- An updated medical certificate to First or Second Class and,
- A color vision letter of evidence

If you do not meet the standard of the Operational Color Vision Test during daylight hours, you may retake the test at night. After successful completion of the Operational Color Vision Test at night, you may qualify for a Statement of Demonstrated Ability and a medical certificate limitation of “Not valid for flight during daylight hours by color signal control.” In this circumstance, you are not eligible to take a color vision MFT to qualify for a First or Second Class medical certificate.

Sincerely,

Manager, Aerospace Medical Certification Division
Civil Aerospace Medical Institute

REVISED 10-23-07

Figure 5-154, FAA Form 8060-4, Temporary Airman Certificate (Depicting Passing of a Medical Flight Test in Conjunction with a Practical Test with a Limitation Included)

I. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION – FEDERAL AVIATION ADMINISTRATION						III. CERTIFICATE NO. Pending	
II. TEMPORARY AIRMAN CERTIFICATE							
THIS CERTIFIES THAT		IV. John David Doe V. 44 MAGNUM PLACE Duncan, OK 73533					
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	VI.
12-12-1960	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 style="text-align: center;">PRIVATE PILOT</p>							
RATINGS AND LIMITATIONS XII. AIRPLANE SINGLE-ENGINE LAND XIII. LIMITED TO ERCOUCPE 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 INSI SW-15 - 1202121	
X. DATE OF ISSUANCE 1-30-2008		X. SIGNATURE OF EXAMINER OR INSPECTOR <i>Wesley Crusher</i>				DATE DESIGNATION EXPIRES 04/30/2009	
VII. AIRMAN'S SIGNATURE <i>John Doe</i>							

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

Figure 5-155, FAA Form 8060-5, Notice of Disapproval of Application

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION NOTICE OF DISAPPROVAL OF APPLICATION		NOTE 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 (Make and Model) ERCOUE 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 ERCOUE 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 5-156, FAA Form 8710-1, Airman Certificate and/or Rating Application (Reverse Side) (Depicting Passing of Special Medical Flight Test in Conjunction with a Private Pilot ASEL Practical Test by Authorized DPE)

Instructor's Recommendation				
I have personally instructed the applicant and consider this person ready to take the test.				
Date Jan 30, 2008	Instructor's Signature (Print Name & Sign) /s/ I AM Instructor	Certificate No. 1544545	Certificate Expires 12-31-2009	
Air Agency's Recommendation				
The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further _____ test.				
Date	Agency Name and Number	Official Signature		
		Title		
Designated Examiner or Airman Certification Representative Report				
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the 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 checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notices Issued (Original Attached) </div>				
Location of Test (Facility, City, State) Will Rodgers World Airport, Oklahoma City, OK			Duration of Test	
			Ground 2.0	Simulator/FTD 1.7
Certificate or Rating for Which Tested Private Pilot ASEL – Special Medical Flight Test		Type(s) of Aircraft Used Ercoupe 415C	Registration No.(s) N74786	
Date Jan 30, 2008	Examiner's Signature (Print Name & Sign) /s/ Wesley Crusher, DPE	Certificate No. 1202121	Designation No. 15SW1202121DPE	Designation Expires 4/30/2009
Evaluator's Record (Use For ATP Certificate and/or Type Rating)				
Oral	Inspector	Examiner	Signature and Certificate Number	Date
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"/>	_____	_____
Aviation Safety Inspector or Technician Report				
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 (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached)				
Location of Test (Facility, City, State)			Duration of Test	
			Ground	Simulator/FTD
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Military Competence <input type="checkbox"/> Renewal <div style="margin-left: 40px;"> <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected </div> <input type="checkbox"/> Foreign License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Instructor Renewal Based on <input type="checkbox"/> Special Medical test conducted – report forwarded <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course to Aerospace Medical Certification Division, AAM-300 <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities				
Training Course (FIRC) Name		Graduation Certificate No.	Date	
Date Feb 5, 2008	Inspector's Signature (Print Name & Sign) /s/ Floyd Howard Inspector	Certificate No. 1145454	FAA District Office SW-15	
Attachments: <input checked="" type="checkbox"/> Airman's Identification (ID) <input type="checkbox"/> Student Pilot Certificate (Copy) OK Driver's License _____ ID: _____ Form of ID _____ Name: John David Doe <input checked="" type="checkbox"/> Knowledge Test Report B-7901904522 _____ Date of Birth: 12-12-1960 Number _____ <input checked="" type="checkbox"/> Temporary Airman Certificate 12-31-2010 _____ Certificate Number: _____ Expiration Date _____ <input type="checkbox"/> Notice of Disapproval 405-799-5656 _____ E-Mail Address _____ Telephone Number _____ <input type="checkbox"/> Superseded Airman Certificate				

FAA Form 8710-1 (4-00) Supersedes Previous edition

Figure 5-157, FAA Form 8710-1, Airman Certificate and/or Rating Application (Reverse Side) (Depicting Failure of Medical Test Only by an FAA Inspector)

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Certificate Expires
Air Agency's Recommendation			
The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further _____ test.			
Date	Agency Name and Number	Official Signature	
		Title	
Designated Examiner or Airman Certification Representative Report			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the 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 (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notices Issued (Original Attached)			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD
		Flight	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No. Designation Expires
Evaluator's Record (Use For ATP Certificate and/or Type Rating)			
	Inspector	Examiner	Signature and Certificate Number
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"/>	_____
Aviation Safety Inspector or Technician Report			
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 (Original Attached) <input checked="" type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)			
Location of Test (Facility, City, State)		Duration of Test	
Will Rodgers World Airport, Oklahoma City, OK		Ground 2.0	Simulator/FTD
		Flight 1.7	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
Private Pilot ASEL - Special Medical Flight Test		Ercoupe 415C	N74786
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Examiner's Recommendation 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 Aerospace Medical Certification Division, AAM-300			
<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"/> Flight Instructor <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement Instructor Renewal Based on <input type="checkbox"/> Activity <input type="checkbox"/> Test			
<input type="checkbox"/> Ground Instructor <input type="checkbox"/> Training Course <input type="checkbox"/> Duties and Responsibilities			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
Sept 20, 1996	/s/ Floyd Howard Inspector	1145454	SW-15
Attachments:			
<input checked="" type="checkbox"/> Airman's Identification (ID)			
<input type="checkbox"/> Student Pilot Certificate (Copy)	OK Driver's License	ID:	_____
<input checked="" type="checkbox"/> Knowledge Test Report	Form of ID	Name:	John David Doe
<input checked="" type="checkbox"/> Temporary Airman Certificate	B-7901904522	Date of Birth:	12-12-1960
<input type="checkbox"/> Notice of Disapproval	Number	Certificate Number:	_____
<input type="checkbox"/> Superseded Airman Certificate	12-31-2010	E-Mail Address	_____
	Expiration Date		
	405-799-5656		
	Telephone Number		

FAA Form 8710-1 (4-00) Supersedes Previous edition

Figure 5-158, FAA Form 8500-13, Special Medical Flight Test Report

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION SPECIAL MEDICAL FLIGHT TEST REPORT		PAGE OF PAGES
		DATE
		REFERENCE NUMBER
TO:	FROM: OPERATIONS INSPECTOR	
NAME OF PERSON TESTED	NAME OF INSPECTOR	
FLIGHT TEST REPORT		
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 5-159, 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	Ht.	Wt.	Hair	Eyes	Sex	
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 5-161, FAA Form 8710-1, Airman Certificate and/or Rating Application (Reverse Side) (Depicting Passage of Medical Test Only - "Approved" – No Temp Certificate Issued)

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature <small>(Print Name & Sign)</small>	Certificate No.	Certificate Expires
Air Agency's Recommendation			
The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further _____ test.			
Date	Agency Name and Number	Official Signature	
		Title	
Designated Examiner or Airman Certification Representative Report			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the 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. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notices Issued (Original Attached) </div>			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD
		Flight	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
Date	Examiner's Signature <small>(Print Name & Sign)</small>	Certificate No.	Designation No. / Designation Expires
Evaluator's Record (Use For ATP Certificate and/or Type Rating)			
Oral	Inspector	Examiner	Signature and Certificate Number / Date
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"/>	_____ / _____
Aviation Safety Inspector or Technician Report			
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 (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached)			
Location of Test (Facility, City, State)		Duration of Test	
Will Rodgers World Airport, Oklahoma City, OK		Ground	Simulator/FTD
		2.0	1.7
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
Special Medical Flight Test		Ercoupe 415C	N74786
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Military Competence <input type="checkbox"/> Renewal Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Foreign License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Approved Course Graduate Instructor Renewal Based on <input checked="" type="checkbox"/> Special Medical test conducted – report forwarded <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course to Aerospace Medical Certification Division, AAM-300 <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature <small>(Print Name & Sign)</small>	Certificate No.	FAA District Office
Feb 1, 2008	/s/ Floyd Howard Inspector	1145454	SW-15
Attachments: <input checked="" type="checkbox"/> Airman's Identification (ID)			
<input type="checkbox"/> Student Pilot Certificate (Copy) OK Driver's License _____ ID: _____ <input checked="" type="checkbox"/> Knowledge Test Report Form of ID _____ Name: <u>John David Doe</u> _____ <input checked="" type="checkbox"/> Temporary Airman Certificate B-7901904522 _____ Date of Birth: <u>12-12-1960</u> _____ Number _____ Certificate Number: _____ <input type="checkbox"/> Notice of Disapproval 12-31-2010 _____ E-Mail Address _____ Expiration Date _____ 405-799-5656 _____ <input type="checkbox"/> Superseded Airman Certificate Telephone Number _____			

FAA Form 8710-1 (4-00) Supersedes Previous edition

Figure 5-162, FAA Form 8500-15, Statement of Demonstrated Ability

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION STATEMENT OF DEMONSTRATED ABILITY <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. 2 0 F 2 9 6 2 5			
LIMITATIONS NONE							
PHYSICAL DEFECTS DEFECTIVE COLOR VISION							
BASIS OF ISSUANCE	<input type="checkbox"/> OPERATIONAL EXPERIENCE						
	<input type="checkbox"/>		<input type="checkbox"/> SPECIAL PRACTICAL TEST			<input type="checkbox"/> SPECIAL FLIGHT TEST	
FOR THE FEDERAL AIR SURGEON							
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) <i>Audie W. Davis, M.D.</i>							

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

Figure 5-163, FAA Form 8710-1, Airman Certificate and/or Rating Application (Reverse Side) (Depicting Passage of Combination Test by an FAA Inspector – Temporary Issued with PASEL Rating and Limitation)

Instructor's Recommendation				
I have personally instructed the applicant and consider this person ready to take the test.				
Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Certificate Expires	
Air Agency's Recommendation				
The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further _____ test.				
Date	Agency Name and Number	Official Signature		Title
Designated Examiner or Airman Certification Representative Report				
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the 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. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notices Issued (Original Attached) </div>				
Location of Test (Facility, City, State)		Duration of Test		
		Ground	Simulator/FTD	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
Evaluator's Record (Use For ATP Certificate and/or Type Rating)				
Oral	Inspector	Examiner	Signature and Certificate Number	Date
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"/>	_____	_____
Aviation Safety Inspector or Technician Report				
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 (Original Attached)		<input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached)		
Location of Test (Facility, City, State)		Duration of Test		
Will Rodgers World Airport, Oklahoma City, OK		Ground 2.0	Simulator/FTD	Flight 1.7
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
Private Pilot ASEL – Special Medical Flight Test		Ercoupe 415C	N74786	
<input type="checkbox"/> Student Pilot Certificate Issued	<input type="checkbox"/> Certificate or Rating Based on	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Ground Instructor	
<input type="checkbox"/> Examiner's Recommendation	<input type="checkbox"/> Military Competence	<input type="checkbox"/> Renewal		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Foreign License	<input type="checkbox"/> Reinstatement		
<input type="checkbox"/> Reissue or Exchange of Pilot Certificate	<input type="checkbox"/> Approved Course Graduate	Instructor Renewal Based on		
<input checked="" type="checkbox"/> Special Medical test conducted – report forwarded to Aerospace Medical Certification Division, AAM-300	<input type="checkbox"/> Other Approved FAA Qualification Criteria	<input type="checkbox"/> Activity	<input type="checkbox"/> Training Course	
		<input type="checkbox"/> Test	<input type="checkbox"/> Duties and Responsibilities	
Training Course (FIRC) Name		Graduation Certificate No.	Date	
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office	
Feb 1, 2008	/s/ Floyd Howard Inspector	1145454	SW-15	
Attachments:				
<input type="checkbox"/> Student Pilot Certificate (Copy)	<input checked="" type="checkbox"/> Airman's Identification (ID)	ID: _____		
<input checked="" type="checkbox"/> Knowledge Test Report	OK Driver's License Form of ID	Name: John David Doe _____		
<input checked="" type="checkbox"/> Temporary Airman Certificate	B-7901904522 Number	Date of Birth: 12-12-1960 _____		
<input type="checkbox"/> Notice of Disapproval	12-31-2010 Expiration Date	Certificate Number: _____		
<input type="checkbox"/> Superseded Airman Certificate	405-799-5656 Telephone Number	E-Mail Address _____		

FAA Form 8710-1 (4-00) Supersedes Previous edition

Figure 5-164, Operational Color Vision Test – Signal Light Test Job Aid

Aeronautical Chart Reading:

Demonstrates ability to correctly read and identify colors on aeronautical charts in a timely manner: Yes / No

Signal Light Test Job Aid:

DAY Signal Light Test	Color Displayed	Color Response from Applicant
1,000 Feet From Light	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
1,500 Feet From Light	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
NIGHT Signal Light Test	Color Displayed	Color Response from Applicant
1,000 Feet From Light	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
1,500 Feet From Light	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.

I certify these results for:

Airman _____, PI # _____

Aviation Safety Inspector: _____

Date: _____