

Notification Letter

***Use this document to report driver's license actions and convictions only. Arrests are only required to be detailed on your Application for Medical Certificate, FAA Form 8500-8.
Call 405-954-4848 for assistance in filling out this form.***

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 and/or Drug Related Suspension/Revocation against your driver's license? ☐ Yes ☐ No
(Chemical Test Results, Refusal to Test)

DATE OF SUSPENSION/REVOCATION: _____

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 and/or Drug 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 & HAZARDOUS MATERIALS SAFETY
REGULATORY INVESTIGATIONS DIVISION (AXE-700)
P. O. BOX 25810
OKLAHOMA CITY, OK 73125

OR fax: (405) 954-4989