

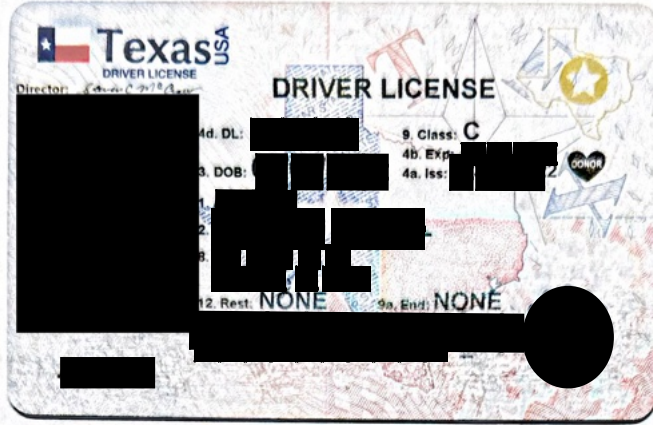
**Texas** USA  
DRIVER LICENSE

Director: [REDACTED]

4d. DL: [REDACTED] 9. Class: **C**

3. DOB: [REDACTED] 4b. Exp: [REDACTED] 4a. Iss: [REDACTED]

12. Rest: **NONE** 9a. End: **NONE**



**UNITED STATES OF AMERICA** XI

DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

IV NAME [REDACTED]

V ADDRESS [REDACTED]

VI NATIONALITY **USA** SEX: [REDACTED] HEIGHT [REDACTED] WEIGHT [REDACTED] HAIR [REDACTED] EYES [REDACTED]

IX. HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

II **COMMERCIAL PILOT**

III CERTIFICATE NUMBER [REDACTED]

X DATE OF ISSUE [REDACTED]

XIV [REDACTED]

VIII ACTING ADMINISTRATOR



CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or ≥ 16 pass, including driver  
REST: NONE  
END: NONE

REV. 07/16/2021

DOB: [REDACTED]

Directive to physician has been filed at Tel # [REDACTED]  
Emergency Contact # [REDACTED]  
Allergic reaction to drugs: [REDACTED]

TEXAS ROADSIDE ASSISTANCE: 1-800-526-6555

[REDACTED]

COMMERCIAL PILOT  
AIRPLANE SINGLE & MULTIENGINE LAND & SEA; INSTRUMENT AIRPLANE  
ENGLISH PROFICIENT.

XII RATINGS  
XIII LIMITATIONS

VII SIGNATURE OF HOLDER

10939 03/22

UNITED STATES OF AMERICA  
Department of Transportation  
Federal Aviation Administration

### MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):

[REDACTED]

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations	None
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Date of Examination	Examiner's Designation No.
Signature	[REDACTED]
Typed Name	[REDACTED]
AIRMAN'S SIGNATURE [Signature]	
Applicant ID	Control No.:

### CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3)
- Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407)
- Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23)
- Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401)
- Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49)

For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.







## ENDORSEMENTS

### Each solo cross-country flight: §61.93(d)

After reviewing the cross-country planning of \_\_\_\_\_  
 [First name, MI, Last name], I attest that the preflight planning and  
 preparation is correct, and that he/she is prepared to make the solo  
 flight safely under the known circumstances from \_\_\_\_\_  
 [location] to \_\_\_\_\_ [destination] via \_\_\_\_\_  
 [route of flight] with landings at \_\_\_\_\_ [names of  
 applicable airports] in a \_\_\_\_\_ [make and model  
 aircraft] on \_\_\_\_\_ [date].

Limitations — §61.89(a)(8): \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_

### Solo flight in Class B airspace: §61.95(a)

I have given \_\_\_\_\_ [First name, MI,  
 Last name] the ground and flight training required by §61.95(a), and  
 find him/her proficient to conduct solo flight in the \_\_\_\_\_  
 [name of Class B] airspace.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_

### Each solo cross-country flight: §61.93(d)

After reviewing the cross-country planning of \_\_\_\_\_  
 [First name, MI, Last name], I attest that the preflight planning and  
 preparation is correct, and that he/she is prepared to make the solo  
 flight safely under the known circumstances from \_\_\_\_\_  
 [location] to \_\_\_\_\_ [destination] via \_\_\_\_\_  
 [route of flight] with landings at \_\_\_\_\_ [names of  
 applicable airports] in a \_\_\_\_\_ [make and model  
 aircraft] on \_\_\_\_\_ [date].

Limitations — §61.89(a)(8): \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_

### Solo flight to, from, or at an airport located within Class B air- space: §§61.95(b) and 91.131(b)(1)

I have given \_\_\_\_\_ [First name, MI,  
 Last name] the ground and flight training required by §61.95(b),  
 and find him/her proficient to conduct solo flight operations at  
 \_\_\_\_\_ [name of airport].

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_

## ENDORSEMENTS

### Private pilot aeronautical knowledge: §§61.35(a)(1) and 61.105(b)

I certify that I have given \_\_\_\_\_ [First name,  
 MI, Last name] the ground training required by §61.105(b), and that  
 he/she is prepared for the required knowledge test.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_

### Private pilot aeronautical experience: §61.109

I certify that \_\_\_\_\_ [First name, MI, Last  
 name] has received 3 hours of flight training in preparation for the  
 practical test in a \_\_\_\_\_ [single-engine air-  
 plane / multiengine airplane / helicopter / gyroplane / glider / airship /  
 balloon] within 60 days preceding the date of the test.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_

### Private pilot flight proficiency: §61.107(b)

I certify that I have given \_\_\_\_\_  
 [First name, MI, Last name] the ground and flight training required  
 by §61.107(b) (\_\_\_\_) [(1) through (8) as appropriate], and find him/her  
 proficient to perform each area of operation safely as a private pilot,  
 and that he/she is prepared for the required practical test.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_

### PIC — Complex airplane: §61.31(e)

I certify that I have given ground and flight training in a complex  
 airplane to \_\_\_\_\_ [First name, MI, Last  
 name], holder of pilot certificate # \_\_\_\_\_ [certificate  
 number], and find him/her proficient in the operation and systems  
 of a complex airplane.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 CFI # \_\_\_\_\_ Expiration \_\_\_\_\_