Supporting Statement for Paperwork Reduction Act Submission Medical Standards and Certification Application Forms OMB No. 2120-0034

Justification:

1. Explain the circumstances that make the collection of information necessary.

The Secretary of Transportation collects this information under the authority of 49 U.S.C. 40113; 44701; 44702; 44703; and 44709. Title 14 of the Code of Federal Regulations (CFR), parts 61 and 67, sets forth specific operational and medical requirements for pilot certification. The FAA uses three forms to collect specific medical certification information to determine whether applicants are medically qualified to perform the duties associated with the class of airman medical certificate sought. This collection of information supports the DOT Strategic Goal on safety.

2. Indicate how, by whom, how frequently, and for what purpose the information is to be used.

FAA Form 8500-7; Report of Eye Evaluation: Applicants who do not meet distant visual acuity standards and who desire an Authorization for Special Issuance of a Medical Certificate must submit FAA Form 8500-7 for evaluation and determination by FAA physicians.

FAA Form 8500-8; Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate: Applicants complete this form to make application for an FAA medical certificate. Designated Aviation Medical Examiners (AMEs) perform a medical examination and, based on the applicants' input, work with Agency physicians to assess an applicant's medical fitness.

FAA Form 8500-14; Ophthalmological Evaluation for Glaucoma: Applicants with glaucoma must submit FAA Form 8500-14 so that FAA physicians can make determinations regarding permissible operational flight activities commensurate with their medical condition and public safety.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

The FAA Office of Aerospace Medicine continually seeks ways to use technology to reduce burden on medical certificate applicants. In 2007, the FAA launched the FAA MedXPress system allowing anyone requiring an FAA medical certificate to electronically complete FAA Form 8500-8 online and transmit it to an Aviation Medical Examiner (AME). In 2012, the FAA began using MedXpress exclusively as its on-line application system to reduce errors inherent with paper forms (see "Notice of Intent To Discontinue Use of Paper Applications for Airman Medical Certification," 77 FR 13967; March 8, 2012).

Information entered into MedXPress is transmitted to the FAA and is available for the AME to review at the time of the applicant's medical examination. AMEs are required to electronically transmit FAA Form 8500-8 to the FAA Civil Aerospace Medical Institute/Aerospace Medical Certification Division for processing via the Aeromedical Certification Subsystem (AMCS). This system improves the process by

reducing paperwork, eliminating errors of omission on the application, enabling transmission 24-hours-aday, and allowing the FAA to review applications shortly after transmission from the AME. It also allows the AME to access stored medical data and reduce data entry on subsequent visits by the airman. Going forward, and as resources become available, we have plans to house all of our various systems on an enhanced, relational database to further improve efficiency.

FAA Forms 8500-7 and -14 also are available on line in .pdf fillable format.

4. Describe efforts to identify duplication.

Forms 8500-7, -8, and -14 were designed to assist the FAA in evaluating the medical fitness of applicants for FAA medical certification. These forms are used to collect an applicant's personal medical information and are not available elsewhere. The FAA is not aware of any duplication.

5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize this burden.

This information is collected solely from individuals; not small businesses.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

The FAA collects medical information only when an individual applies for an FAA medical certificate. The collection of an applicant's medical information complies with pertinent operational provisions of Part 61 of Title 14 of the Code of Federal Regulations (14 CFR) and medical provisions of 14 CFR Part 67. For example, § 61.3(c) sets forth requirements for FAA certificates, including medical certificates, and 61.23(d) sets forth the duration of the three classes of FAA medical certificates. Part 67 Subpart A sets forth specific application standards for medical certificate applicants. Applicants not meeting these standards would be in violation of the regulations. Reducing the burden, or conducting the collection less frequently, would require regulatory amendment of these existing minimum standards.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with quidelines in 5 CFR 1320.5(d)(2).

This information collection is consistent with the guidelines in 5 CFR 1320.5(d)(2).

8. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record keeping, disclosure, or reporting format (if any) and the data elements to be recorded, disclosed, or reported.

The 60-day notice for this information collection was published in the Federal Register December 27, 2016. 81 FR 95265. The FAA did not receive any comments to the 60-day notice.

9. Explain any decision to provide payment or gift to respondents, other than remuneration of contractors or grantees.

No payment or gifts to respondents will be made.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

The information collected on these forms becomes part of the Privacy Act System of Records DOT/FAA 847, "Aviation Records on Individuals," and is provided the protection outlined in the description of the system as published in the Federal Register.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

No information regarding sexual behavior or religious belief is collected. Applicants must respond to medical questions on these FAA Forms only so the FAA can make informed medical determinations.

12. Provide estimates of the hour burden of the collection of information.

Form #	# of Apps	Hrs/App	Total Hrs	Cost/Hr	Total Cost
8500-7 and -14	18,000 (CY 12)	.25	4,500	\$35.56	\$160,020
8500-8	378,782 (CY14)	1.5	568,173	\$35.56	\$20,204,232
Totals	396,782		572,673		\$20,364,232

Pilots currently use form 8500-8 (MedXpress) to apply for a medical certificate. Eligible pilots who choose to comply with the Alternative Pilot Physical Examination and Education Requirements (APPEER) will no longer complete form 8500-8. Pilots age 40 and over will save 0.5 hour in time to complete this form every two years and every 5 for pilots under age 40. Savings are estimated from 2017 to 2026 and are shown in the table below.

Savings to Pilots (Year 2017 to 2026)

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	# of	Hours Per	Total	Hourly	Total	PV at 7%	Annualized at
Form	Application	Application	Hours	Wage	Savings	(millions)	7%
8500-8	1,988,468	0.5	994,234	\$25.00 ¹	\$27.0	\$19.2	\$2.7

The average of those 10 years is estimated in the following table:

Average Yearly Applications

Form	# of Applications	Hours Per Application	Total Hours	Total Apps.	Total Hours
8500-8	198,874	0.5	99,423		
8500-7					
and -14	18,000	.25	4,500	216,874	103,923

13. Provide an estimate of the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the costs not already included in Items 12 and 14.)

Once the information on FAA Form 8500-8 is collected, respondents must receive a medical examination in order to be certificated to exercise pilot privileges. The average cost of a basic medical examination is estimated at \$117.00.

¹ Revised Departmental Guidance on Valuation of Travel Time in Economic Analysis; Table 3 (Revision 2 - corrected): Recommended Hourly Earnings Rates for Determining Values of Travel Time Savings (Personal local or intercity travel surface modes). https://www.transportation.gov/administrations/office-policy/2015-value-travel-time-guidance, 2015. To project future benefits of travel time savings from 2013 to 2026 the value is augmented by 1.0 percent per year as reported on Page 22 of the DOT guidance.

\$117.00 x **378,782** submissions of 8500-8 in CY **2014** = **\$44,317,494**

14. Provide estimates of annualized costs to the Federal Government.

Estimated annual cost to the Federal Government is \$2,675,113

This cost is determined by estimating the time required for FAA personnel to review and process FAA Form 8500-8. We estimate that 75% of applications are electronically reviewed. The remaining 25% will go to an FAA Legal Instruments Examiner (LIE). We estimate that 94,695 forms are submitted for these medical certificates at an average file processing time by an LIE of 15 minutes (0.25) each at an average wage of \$31 per hour.

25% of **378,782** total submissions = **\$ 94,695 \$ 94, 695** x 0.25 hours x \$31 per hour = **\$733,886**

After review by an LIE, approximately 50% will need review by a physician. We estimate that **47, 347** of these forms are submitted to a physician at an average file processing time of 30 minutes (0.5) each at an average wage of \$82 per hour.

50% of **94,695** submissions reviewed by an LIE = **47,347 47,347** \times 0.5 hours \times \$82 = **\$1,941,227**

\$733,886 + \$1,941,227= \$ 2,675,113

Currently, an 8500-8 application for special issuance medical certificate is deferred to the Aerospace Medical Certification Division (AMCD) of Oklahoma City for further consideration. Moreover, the FAA will experience a savings when applicants holding a special issuance medical certificate choose to operate under APPEER because it eliminates the time spent by FAA AMCD, RFS, legal instrument examiners, FAA headquarters physicians, and the Federal Air Surgeon to review these applications. An FAA employee with a blended wage of \$80.17 will not incur .25 hours reviewing a third-class medical application with as special issuance. Savings and detail on the wage are shown in the tables below.

Weighted Average of Hourly Wage for FAA Employees that Review the Medical

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	Wages with	People		
	Benefits	(Total)		
	a	b	a x b	
Legal instrument examiners ²	\$50.46	42	\$2,119	
Regional Flight Surgeons ³	\$139.59	9	\$1,256	
Senior Executives ⁴	\$139.59	3	\$419	
Civil Aerospace Medicine Institute (CAMI) Medical Officers ⁵	\$139.59	6	\$838	

² 2016 General Schedule (GS) Locality Pay Tables; GS-11 Step 5 locality pay The REST OF UNITED STATES; https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2016/RUS_h.pdf; plus fringe benefits; http://www.whitehouse.gov/sites/default/files/omb/memoranda/fy2008/m08-13.pdf

³ SALARY TABLE NO. 2016-ES plus fringe benefits; https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2016/ES.pdf, Agencies with a Certified SES Performance Appraisal System Maximum; http://www.whitehouse.gov/sites/default/files/omb/memoranda/fy2008/m08-13.pdf

⁴ SALARY TABLE NO. 2016-ES plus fringe benefits; https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2016/ES.pdf, Agencies with a Certified SES Performance Appraisal System Maximum; http://www.whitehouse.gov/sites/default/files/omb/memoranda/fy2008/m08-13.pdf

⁵ 2016 General Schedule (GS) Locality Pay Tables; GS-11 Step 5 locality pay The REST OF UNITED STATES; https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2016/RUS_h.pdf; plus fringe benefits;

Civil Aerospace Medicine Institute (CAMI) Physicians ⁵	\$139.59	3	\$419	
	Total	63	\$5,051	
Weighted Average Wage Rate = \$5,051 / 63				

FAA Savings for MedXpress (Year 2017 to 2026)

	# of	Hours per	Total	Hourly	Total	Annualized
Form	Applications	Review	Hours	Wage	Savings	at 7%
8500-8	83,561 ⁶	.25	20,890	\$80.177	\$1,782,23	\$168,874

15. Explain the reasons for any program changes or adjustments.

The number of applicants submitting FAA Form 8500-8 has decreased due to eligible pilots who choose to comply with the Alternative Pilot Physical Examination and Education Requirements (APPEER). Those pilots will no longer complete form 8500-8.

16. For collections of information whose results are planned to be published for statistical use, outline plans for tabulations, statistical analysis, and publication.

There are no plans to publish this information for statistical or other purposes.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

We continue to seek approval to not display the expiration date on FAA Form 8500-8. Displaying the expiration date has caused confusion for respondents, for our nearly 3500 FAA AME designees, and for FAA IT program personnel who tend to associate the static date carried on the form for the currency of an applicant's medical information when there is no correlation.

18. Explain each exception to the certification statement identified in Item 19, Certification for Paperwork Reduction Act Submissions, of OMB Form 83-I.

There are no exceptions to the certification statement.

http://www.whitehouse.gov/sites/default/files/omb/memoranda/fy2008/m08-13.pdf

⁶ Includes only active special issuance medical certificates.

⁷ The 2016 weighted average hourly wage of \$80.17 established by the Department of Transportation Guidance increases by 1.0 percent annually.