

### 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/REVOCAION: \_\_\_\_\_

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