

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.

* = Required Fields

Date*

6/30/2020

(use **Alt+L** to open the Calendar)

Last Name*

Last Name (required)

First Name*

First Name (required)

Middle Name

Enter Middle Name or Initial

DOB*

month/day/year

Street Address*

Street Address (required)

City*

Enter City (required)

State*

Select State

Zip Code*

Enter Zip Code (required)

Telephone Number

Enter Telephone Number

Certificate # *

Enter Certificate Number (required)

Email

christopher.marks@faa.gov

Have you received an Alcohol and/or Drug Related Suspension/Revocation against your driver's license?*

Yes No

Have you been convicted of an alcohol and/or Drug related offense?*

Yes No

Statement*

Enter Statement (required)

You must select the checkbox below and complete fields marked with (*) to submit the notification letter.

Please read the following information:

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations on a complete record.

By submitting this form, I understand that I have not withheld, misrepresented, or falsified information on this form.

Submit