



Privacy Act Notice

Privacy Act Statement (5 United States Code (U.S.C.) § 552a, as amended):

Authority: Information solicited by the Pilots with Alcohol or Drug Related Motor Vehicle Offenses is collected under the authority of 49 U.S.C. § 40113, and 14 C.F.R. § 61.15(e).

Purpose: The purpose of collecting the PII is to identify and evaluate your qualifications to hold an airman certificate. Routine Uses: The information collected will be included in the System of Records Notice (SORN) DOT/FAA 847, Aviation Records on Individuals and is subject to the published routine uses, including:

- Disclose Information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- Provide information about airmen to Federal, State, local and Tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- Make personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- Provide information about airmen to Federal, State, local, and Tribal law enforcement, national security or homeland security agencies whenever such agencies are engaged in the performance of threat assessments affecting the safety of transportation or national security.

The Department has also published 15 additional routine uses applicable to all DOT Privacy Act systems of records, including this system. These routine uses are published in the Federal Register at 75 FR 82132, December 29, 2010, and 77 FR 42796, July 20, 2012, under "Prefatory Statement of General Routine Uses." Available at Uniform Resources Locator (URL) <https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notices>.

Disclosure: Submission of the data is mandatory. Failure to comply with the reporting requirements is grounds for denial, suspension, or revocation of your airman certificate.

Notification Letter

The use of this online submission tool is optional. You may submit your notification letter electronically, or you may draft your own notification letter, and mail or fax it to the address on our [website](#). You do not need to use both methods to submit your letter. After successful submission using this online tool, a confirmation email will be sent to you. If you do not receive that confirmation email within 24 hours, you may call 405-954-4848 to confirm receipt of your submission.

Please note, any arrest associated with a motor vehicle action does not need to be reported on this form. Instead, arrests must be reported whenever you take your next application for medical certificate, FAA Form 8500-8.

For further instructions on reporting a motor vehicle action, please read the reporting requirements found on our [website](#), or call 405-954-4848 for more information.

* = Required Fields

Date Submitted: 08/01/2023

Last Name*

First Name*

Middle Name

DOB*

Street Address*

City*

State*

Zip Code*

Telephone Number

Certificate # *

Email

After November 29, 1990, has your license to operate a motor vehicle been canceled, suspended, or revoked for a cause related to the operation of a motor vehicle while intoxicated by alcohol or a drug, while impaired by alcohol or a drug, or while under the influence of alcohol or a drug, that has not previously been reported to **the Office of Security and Hazardous Materials Safety?**

Yes No

Date the suspension/revocation took effect against your license.*

State that took action.*

Driver's License Number or Assigned ID number if not licensed in the state where the violation occurred

[Add Another Suspension/Revocation](#)

After November 29, 1990, have you been convicted of any Federal or State statute relating to the operation of a motor vehicle while intoxicated by alcohol or a drug, while impaired by alcohol or a drug, or while under the influence of alcohol or a drug, that has not previously been reported to **the Office of Security and Hazardous Materials Safety?**

Yes No

Date of Conviction*

State where the conviction took place.*

Court Name and Location

[Add Another Conviction](#)

Statement*

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](#)

