

AFFIX
FIRST CLASS
POSTAGE

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
AIRMEN CERTIFICATION BRANCH (AFS-760)
PO BOX 25082
OKLAHOMA CITY OK 73125-4940

CHANGE OF ADDRESS NOTIFICATION
(AIRMEN CERTIFICATE HOLDER)
PRINT OR TYPE

DATE OF BIRTH

Mo. Day Yr.

Last Name	First Name, Middle Initial	Certificate Number(s)	
No. and Street, Apt., Suite, P.O. Box or R.D. No.			

City	State	Zip Code
------	-------	----------

SIGNATURE (DO NOT Print or Type)	Date
----------------------------------	------

PRIVACY ACT: The information on this form is solicited under authority of the Federal Aviation Regulations which require you to report any change in permanent mailing address. Submission of the data is mandatory except for date of birth. Refusal to furnish your date of birth will not result in the denial of the processing of the address change; however, failure to provide the date of birth may result in the delay of processing your request.

If acknowledgment is requested, affix postage, self-address, and seal.

AC Form 8060-55 (6/00)

(fold)

(fold)

AFFIX
FIRST CLASS
POSTAGE IF
ACKNOWLEDGEMENT
REQUESTED

(AIRMAN'S ADDRESS)

YOUR CHANGE OF ADDRESS IS ACKNOWLEDGED
BY THE AIRMEN CERTIFICATION BRANCH (AFS-760)
OKLAHOMA CITY, OKLAHOMA
