

Notification Letter

Date: _____

FEDERAL AVIATION ADMINISTRATION
SECURITY & INVESTIGATIONS DIVISION (AMC-700)
P. O. BOX 25810
OKLAHOMA CITY, OK 73125

I submit the following information in compliance with Federal Aviation Regulation 14 CFR 61.15(e):

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. TYPE OF VIOLATION: Alcohol Related Conviction (DUI, DWI, OUI, OWI, etc.) Alcohol Related Suspension/Revocation (Refuse to test, BAC* over legal limit, etc.)
7. DATE OF ACTION: _____
(Date of the Conviction or Administrative Action**)
8. STATE HOLDING RECORD: _____
9. DRIVER'S LICENSE NUMBER or ASSIGNED ID NUMBER IF NOT LICENSED IN THE STATE WHERE THE VIOLATION OCCURRED:

10. STATEMENT: (Is this action related to a previously reported action or a separate arrest?)

(Signature)

* Blood Alcohol Content
A Motor Vehicle Action is as **ANY alcohol/drug related administrative action taken against a person's state driver's license-including **suspensions, cancellations, revocations, or denials of a license to operate a motor vehicle, or conviction for an alcohol related motor vehicle offense.**

You may print and mail this form or submit it via fax to (405) 954-4989