

Docket No. SA-539

Exhibit No. 2-S

NATIONAL TRANSPORTATION SAFETY BOARD

Washington, D.C.

Addendum 2 – FAA Memo Details

(15 Pages)



U.S. Department
of Transportation
**Federal Aviation
Administration**

800 Independence Ave., SW.,
Washington, DC 20591

Office of Accident Investigation & Prevention

November 21, 2016

Captain David Lawrence
National Transportation Safety Board
Office of Aviation Safety - Operational Factors Division (AS-30)
490 L'Enfant Plaza, SW
Washington, DC 20594

Re: **NTSB Case no. DCA16MA204** - N2469L; Balloon Accident, Lockhart, Texas; July 30, 2016

Captain Lawrence:

Please find attached copies of all records responsive to **FAA Request no. 16-311** which you submitted to our office on September 12, 2016, for the referenced NTSB investigation. I apologize for the delay in providing these documents to you; we needed time to assess their potential public release and to redact some personal identifying data such as email addresses, telephone numbers, and signatures.

As you recall, your request was for *“all records related to the July 22, 2013 memorandum from Special Agent Sonja King ... regarding the alcohol related motor vehicle action results”* involving the pilot of the fatal balloon accident that occurred in Lockhart, Texas on July 30, 2016. Your request also included documents regarding the *“reason and history behind the initial review, along with source of the request for the record review ...any and all records related to the FAA’s review of the pilot’s certificate and qualifications,”* and a copy of *“any notification letters sent to the pilot.”*

The attached documents comprise a copy of the file contents from the investigation conducted by FAA’s Office of Aviation Security and Hazardous Materials (ASH), Security and Investigations Division office, located in Oklahoma City, Oklahoma. The documents indicate how the pilot’s alcohol-related motor vehicle offenses came to the attention of ASH, and what actions were taken as a result. The documents include a one-page “agent statement” prepared by Special Agent King that summarizes the investigation and recommends an “education letter” be sent to the pilot (the ASH internal investigation tracking system database indicates that the agent statement was loaded into file in early August 2013). A copy of the education letter to the pilot is also attached as per your request. You will notice that the agent statement makes reference to a “stale” violation. For your information, this term is explained in FAA Order 2150.3B, Chapter 4, Paragraph 5, which states: *“Section 821.33 of the NTSB’s Rules of Practice in Air Safety Proceedings (49 C.F.R. part 821), known as the stale complaint rule, provides that an FAA complaint (order) may generally be dismissed if the offenses alleged occurred more than six months prior to the Administrator’s advising a respondent of the reasons for the proposed action.”*

Should you have any questions or concerns related to this matter, please contact me at ([REDACTED])
Thank you for your consideration of this response.

Sincerely,

[REDACTED]

Jeffrey B. Guzzetti
Manager; Accident Investigation Division (AVP-100)



Federal Aviation Administration
 Security and Hazardous Material Organization
 Mike Monroney Aeronautical Center

Memorandum

Date: July 22, 2013

From: Special Agent, Sonja King, [REDACTED]

To: Civil Aerospace Medical Institute, AAM-313

Subject: INFORMATION: Alcohol Related Motor Vehicle Action

The following medical record ID is forwarded for your action as deemed appropriate;

Name	NICHOLS, Alfred G.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Address matches DIWS record:
Last 4 of SSN	4321		
MID	96207691		

Date	Type of Offense	Action	State
August 30, 1985	Administrative Alcohol	Suspension	MO
February 08, 1997	Chemical Refusal*	Revocation	MO
December 07, 1998	Excessive Blood Alcohol*	Conviction	MO
December 11, 1999	Chemical Refusal**	Revocation	MO
September 27, 2002	Driving While Intoxicated**	Conviction	MO
April 1, 2000	Chemical Refusal***	Revocation	MO
September 27, 2002	Driving While Intoxicated***	Conviction	MO
June 16, 2007	Chemical Refusal****	Revocation	MO
May 25, 2010	Driving While Intoxicated****	Conviction	MO

**The MVAs are related to the same offense.

The following action has been initiated by AMC-700.

<input type="checkbox"/> No Enforcement Action – documented on medical application within 60 days	<input type="checkbox"/> 61.15(e)
<input type="checkbox"/> No Enforcement Action - MVA(s) before program – records not available	<input type="checkbox"/> 61.15(d)(2)
<input checked="" type="checkbox"/> No Enforcement Action - Notification Letter	<input type="checkbox"/> 67.403A1
<input type="checkbox"/> No Enforcement Action – Notification Letter - MVA(s) have been expunged.	<input type="checkbox"/> 67.403C1
<input type="checkbox"/> No Enforcement Action - Does not detail motor vehicle action appropriately	<input type="checkbox"/> Administrative Action

EIR Number 2013AC750185

AGENT STATEMENT

On January 4, 2013, the Regulatory Investigations Branch, AMC-760, received a complaint letter concerning SUBJECT, Alfred G. NICHOLS. This letter advised SUBJECT had been imprisoned for an alcohol related motor vehicle offense.

A certified Missouri driving record reflected the following alcohol related motor vehicle incidents:

Arrested August 30, 1985, with Administrative Alcohol Suspension that went into effect on August 30, 1985.

Arrested January 24, 1997, driving privileges were revoked on February 8, 1997, for a Chemical Refusal revocation and on December 7, 1998, Excessive Blood Alcohol conviction.

Arrested November 7, 1999, driving privileges were revoked on December 11, 1999, for a Chemical Refusal revocation and on September 27, 2002, Driving While Intoxicated conviction.

Arrested March 17, 2000, driving privileges were revoked on April 1, 2000, for a Chemical Refusal revocation and on September 27, 2002, Driving While Intoxicated conviction.

Arrested June 1, 2007, driving privileges were revoked on June 16, 2007, for a Chemical Refusal revocation and on May 25, 2010, Driving While Intoxicated conviction.

Review of records maintained by the FAA revealed the following:

Commercial Pilot, Certificate Number 3192920

SUBJECT's first and last request for a medical certificate was in 1996. This certificate expired in 1999.

After investigating SUBJECT's motor vehicle violations, it was determined the violation of 61.15(e) and 61.15d2 are stale and an Enforcement Investigative Report (EIR) could not be conducted. In place of an EIR, an Educational Letter has been recommended to be sent to SUBJECT to inform him of his violation of Title 14, Code of Federal Regulations (CFR), Part 61.15(e) and the requirement to reference all his alcohol related motor vehicle incidents on his next request for a medical certificate.



U.S. Department
of Transportation
**Federal Aviation
Administration**

Mike Monroney Aeronautical Center
Security and Investigations Division

Post Office Box 25810
Oklahoma City, OK 73125-0810

July 29, 2013

CERTIFIED RETURN-RECEIPT

Mr. Alfred G. Nichols
2927 Sandtrap Dr.
O Fallon, MO 63368-9739

Dear Mr. Nichols:

In reference to our March 06, 2013, letter of investigation, the Federal Aviation Administration (FAA) has conducted an investigation pertaining to your failure to report your alcohol-related alcohol related motor vehicle incidents.

Review of your Missouri driving record revealed you have five (5) alcohol related incidents that occurred in 1985, 1997, 1999, 2000, and 2007.

We have decided not to take legal enforcement action. Instead, we are issuing this letter to inform you that future violations of the CFRs could result in suspension and/or revocation of your airman certificate.

When completing your next Application for an Airman Medical Certificate, FAA Form 8500-8, please read Question 18v carefully and follow the instructions attached when answering the question. Question 18v seeks information regarding arrests, convictions, and/or administrative actions (such as, driver license suspensions, cancellations, revocations, denials) or loss of driving privileges, and any required attendance at a substance abuse program or an alcohol education or rehabilitation class.

If you have any questions, you may contact Security Specialist, Sonja King at (405) [REDACTED]
For additional information, please visit our website at www.faa.gov/go/duidwi.

Sincerely,

[REDACTED]
Lesha L. Sloan-Thompson
Manager, Regulatory Investigations Branch



Fw: Skip Nichols

Robert J O'Keefe

ASW-SAT-FSDO-17, San Antonio, TX

to: 9-AMC-DUI-DWI-PROGRA
M

01/04/2013 01:05 PM

Per our phone conversation this morning I am forwarding to you information we obtained in a complaint.

The pilot in question is Alfred G. Nichols, commercial pilot # [REDACTED]

As you will see he has had three alcohol related offences since 2010.

Robert J, O'Keefe
Aviation Safety Inspector/ Operations
SAT - FSDO

Flight Standards Service would appreciate any comments you may have on our services at the following website:

http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/afs/qms

----- Forwarded by Robert J O'Keefe/ASW/FAA on 01/04/2013 01:00 PM -----

From: Joe Reynolds [REDACTED]
ASW-SAT-FSDO-17, San Antonio, TX
To: Robert J O'Keefe/ASW/FAA@FAA,
Date: 12/13/2012 02:35 PM
Subject: Fwd: Skip Nichols

Date: Thu, 6 Dec 2012 07:36:08 -0800 (PST)

From: David Smuck [REDACTED]

Reply-To: David Smuck [REDACTED]

Subject: Skip Nichols

To: Joe Reynolds [REDACTED]

Offender data is current as of 12/05/2012 09:00 PM.

* Alfred G Nichols	DOC Id	62132	Offender Name
Male	Race	White	Sex
6'1" / 254	Date of Birth	[REDACTED] / 1967	Height/Weight
Location	Hair/Eyes	Brown /Hazel	Assigned
[REDACTED]	Eastern Regional Office Annex	Address	[REDACTED]
[REDACTED]	St. Louis, MO 63103	Assigned Officer	

Cheryl Scott	Phone Number	[REDACTED]	Sentence
Summary	10 Years	Active Offenses	DIST DEL
MANUF CONTR SUB;DWI-ALCOHOL -AGGRAVATED OFFENDER		Completed sentence not found	
Completed Offenses			Aliases
Skip Nickname; Alfred G Nichols; Alfred G Nichols; Alfred G Nichols			

Please note -- this site only provides general search information. Specific questions about an offender's status should be addressed to the institutional caseworker or the Probation and Parole field officer.

Please direct any questions regarding the information obtained on this site to the DOC Constituent Services Office.

--

Joseph Reynolds





Fw: Alfred "Skip" Nichols

Robert J O'Keefe

ASW-SAT-FSDO-17, San Antonio, TX

to: 9-AMC-DUI-DWI-PROGRA
M

01/04/2013 01:06 PM

Here is the second part of the previous e-mail chain that indicate three arrests since 2010.

Robert J, O'Keefe
Aviation Safety Inspector/ Operations
SAT - FSDO

Flight Standards Service would appreciate any comments you may have on our services at the following website:

http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/afs/qms

----- Forwarded by Robert J O'Keefe/ASW/FAA on 01/04/2013 01:05 PM -----

From: Joe Reynolds <joe-rey@texas.net>
ASW-SAT-FSDO-17, San Antonio, TX
To: Robert J O'Keefe/ASW/FAA@FAA,
Date: 12/13/2012 02:34 PM
Subject: Fwd: Fw: Alfred "Skip" Nichols

Date: Thu, 6 Dec 2012 07:33:46 -0800 (PST)

From: David Smuck [REDACTED]

Reply-To: David Smuck [REDACTED]

Subject: Fw: Fwd: Alfred "Skip" Nichols

To: Joe Reynolds [REDACTED]

----- Forwarded Message -----

From: [REDACTED]

To: [REDACTED]

Sent: Tuesday, December 4, 2012 6:50 PM

Subject: Fwd: Alfred "Skip" Nichols

You will probably have to put in his first and last name...

From: [REDACTED]

To: [REDACTED]

Sent: 12/4/2012 6:08:22 P.M. Central Standard Time

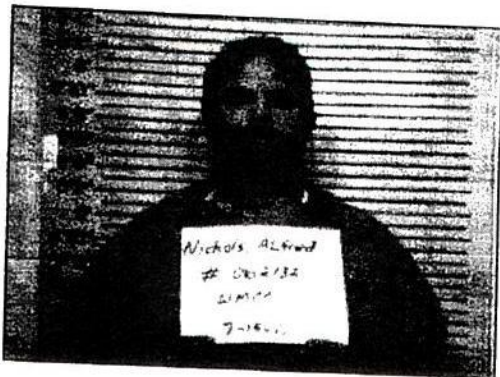
Subj: Alfred "Skip" Nichols

<https://web.mo.gov/doc/offSearchWeb/searchOffender.do>

Click on the photos tab and it will bring up his mug shots from 3 arrests - 4/2010, 6/2010, 7/2011

Joseph Reynolds
[REDACTED]

Missouri Dept Of Corrections-Offender Search



DOC Id 62132
 Offender Name Alfred G Nichols
 Race White
 Sex Male
 Date of Birth [REDACTED] 1967
 Height/Weight 6'1" / 254
 Hair/Eyes Brown /Hazel

Assigned Location Eastern Regional Office Annex
Address [REDACTED] St. Louis, MO 63103
Assigned Officer Cheryl Scott **Phone Number** [REDACTED]
Sentence Summary 10 Years
Active Offenses DIST DEL MANUF CONTR SUB;DWI-ALCOHOL -AGGRAVATED OFFENDER
Completed Offenses Completed sentence not found
Aliases Skip Nickname; Alfred G Nichols; Alfred G Nichols; Alfred G Nichols

Please note -- this site only provides general search information. Specific questions about an offender's status should be addressed to the institutional caseworker or the Probation and Parole field officer.

Please direct any questions regarding the information obtained on this site to the DOC Constituent Services Office.

DISCLAIMER

The purpose of the Offender Search Web Site is to promote public safety and welfare while providing community access to selected offender information consistent with the spirit and intent of the Missouri Sunshine Law (Chapter 610 RSMo). The information in this database reflects records on file of offenders who are convicted of a crime and sentenced into the custody of or under the supervision of the Missouri Department of Corrections.

The Missouri Department of Corrections updates this information regularly to ensure that it is complete and accurate as possible; however, this information may change quickly. Therefore, the information on this site may not reflect the true current location, status, or other information regarding an offender. Reliance of any information provided herein is at the user's sole risk. Furthermore, certain offenders, at the discretion of the Missouri Department of Corrections and other States' Departments of Corrections or law enforcement agencies, may be excluded from the web site. The Missouri Department of Corrections assumes no legal liability or responsibility for the accuracy, completeness, or usefulness of any information.

WARNING!

ANY PERSON WHO USES THE INFORMATION CONTAINED HEREIN TO THREATEN, INTIMIDATE OR HARASS ANOTHER, OR WHO OTHERWISE MISUSES THAT INFORMATION MAY BE SUBJECT TO CRIMINAL PROSECUTION OR CIVIL LIABILITY.

01/04/13. *

AIRMEN CERTIFICATION SYSTEM
AIRMEN INQUIRY

14:18

Name : NICHOLS, ALFRED G
 SSN : ██████████ DOB: ██████████ 1967 POB:
 Height : 71 Wght: 227 Hair: BLOND Eyes: HAZEL Sex: M Ctry: USA
 Status : DOS: Info: RmMail: R 09/09/2000
 Updated: AAINTRADR 12/14/2006 Photo: N Exp: RMail: 12/14/2006
 Street : ██████████ A-Dte: 12/14/2006
 : Cnty: 189
 City : CHESTERFIELD St/Cntry: MO Zip: 63017-5564
 ***** P R I O R D A T A *****
 Street : ██████████ A-Dte: 11/07/2000
 : Cnty: 189
 City : SAINT LOUIS St/Cntry: MO Zip: 63131-4502

***** M E D I C A L *****

Class : THIRD Code: 31 Date: 07/29/1996 MID: ██████████ Path:

***** C E R T I F I C A T E S *****

CertLev: COMMERCIAL PILOT Cert No: ██████████
 DOI : 12/14/2006 Orig-DOI: N/A Exp Dte: N/A Cert Info:
 Seal : BLCK Fl Cert: App Sch:
 DsgExmr: Insp: Updated: FS76MA# 12/19/2006
 Ratings: C/BAL
 Limits : LIMITED TO HOT AIR BALLOONS WITH AIRBORNE HEATER.
 Micros : 69942729 73703215 74100947 86811235 00495624
 Pr Cert: 524234321-00

***** E N D O F C E R T I F I C A T E S *****

sk
mo

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT

Form Approved OMB NO. 2120-0034

Copy of FAA Form 8500-8
(Medical Certificate or FAA Form 8420-2 (Medical Student Pilot Certificate) issued)

72-4234321

MEDICAL CERTIFICATE - THIRD CLASS AND STUDENT

This certificate is issued to:
ALFRED G NICHOLS
[Redacted]
CHESTERFIELD, MO 64617

Date of Birth	Height	Weight	Hair	Eyes	Sex
1/1967	71	227	BLONDE	HAZEL	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations: **COPY**

Date of Examination: **07/29/1996**

Signature: [Redacted]

Typed Name: **CHARLES MILLER**

AIRMAN'S SIGNATURE

1. Application For:
 Airman Medical Certificate
 Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For:
 1st
 2nd
 3rd

3. Last Name: **NICHOLS** First Name: **ALFRED** Middle Name: **G**

4. Social Security Number: [Redacted]

5. Address Number / Street: [Redacted] Telephone Number: [Redacted]

City: **CHESTERFIELD** State/Country: **MO** Zip Code: **63017-5564**

6. Date of Birth: **1967** Citizenship: **Other (Unknown)**

7. Color of Hair: **BLONDE** 8. Color of Eyes: **HAZEL** 9. Sex: **Male**

10. Type of Airman Certificate(s) You Hold:
 None
 Airline Transport
 Commercial
 ATC Specialist
 Flight Engineer
 Flight Navigator
 Flight Instructor
 Private
 Student
 Recreational
 Other

11. Occupation: **X** 12. Employer: **XXXX**

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked?
 Yes No If yes, give date

Total Pilot Time (Civilian Only)
 14. To Date: **300** 15. Past 6 months: **15** 16. Date of Last FAA Medical Application: No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)?
 No Yes (If yes, below list medication(s) used and check appropriate box.)

Previously Reported	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?
 Yes No

18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition.

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart or vascular trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental disorders of any sort, depression, anxiety, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Military medical discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness or fainting spell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical rejection by military service
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol dependence or abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rejection for life or health insurance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye or vision trouble except glasses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suicide attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Admission to hospital
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hay fever or allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motion sickness requiring medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other illness, disability, or surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma or lung disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Conviction and/or Administrative Action History -- See Instructions Page

v. Yes No History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug, or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.

w. Yes No History of nontraffic conviction(s) (misdemeanors or felonies)

Explanations: **See Instructions Page**

FOR FAA USE
Review Action Codes

19. Visits to Health Professional Within Last 3 Years. Yes (Explain Below) No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason

- NOTICE -
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001, 3571).

20. Applicant's National Driver Register and Certifying Declarations
I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant: _____ Date: _____

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

21. Height (inches) 71	22. Weight (pounds) 227	23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Defect Noted:		24. SODA Serial Number			
CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal
25. Head, face, neck, and scalp		X		37. Vascular system (Pulse, amplitude and character, arms, legs, others)		X	
26. Nose		X		38. Abdomen and viscera (including hernia)		X	
27. Sinuses		X		39. Anus (Not including digital examination)		X	
28. Mouth and throat		X		40. Skin		X	
29. Ears, general (Internal and external canals. Hearing under item 49)		X		41. G-U system (Not including pelvic examination)		X	
30. Ear Drums (Perforation)		X		42. Upper and lower extremities (Strength and range of motion)		X	
31. Eyes, general (Vision under items 50 to 54)		X		43. Spine, other musculoskeletal		X	
32. Ophthalmoscopic		X		44. Identifying body marks, scars, tattoos (Size & location)		X	
33. Pupils (Equality and reaction)		X		45. Lymphatics		X	
34. Ocular motility (Associated parallel movement, nystagmus)		X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		X	
35. Lungs and chest (Not including breast examination)		X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)		X	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)		X		48. General systemic		X	

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

49. Hearing		Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Audiometer Threshold in decibels		500	1000	2000	3000	4000	500	1000	2000	3000	4000
50. Distant Vision		51.a. Near Vision				51.b. Intermediate Vision - 32 Inches				52. Color Vision			
Right 20/25	Corrected to 20/25	Right 20/25	Corrected to 20/25	Right 20/	Corrected to 20/	Right 20/	Corrected to 20/	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail					
Left 20/40	Corrected to 20/40	Left 20/25	Corrected to 20/25	Left 20/	Corrected to 20/	Left 20/	Corrected to 20/						
Both 20/20	Corrected to 20/0	Both 20/25	Corrected to 20/0	Both 20/	Corrected to 20/	Both 20/	Corrected to 20/						
53. Field of Vision <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		54. Heterophoria 20' (in prism diopters)		Esophoria		Exophoria		Right Hyperphoria		Left Hyperphoria			
55. Blood Pressure		56. Pulse (Resting)		57. Urine Test (if abnormal, give results)				58. ECG (Date)					
(Sitting, mm of Mercury)	Systolic Diastolic 130 / 80			<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal				Albumin	Sugar	MM	DD	YYYY	
59. Other Tests Given								N					

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

Significant Medical History <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Abnormal Physical Findings <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
---	--	--	--

FOR FAA USE

Pathology Codes:

Coded By:

Clinical Reject

61. Applicant's Name ALFRED G NICHOLS		62. Has Been Issued -- <input checked="" type="checkbox"/> Medical Certificate <input type="checkbox"/> Medical & Student Pilot Certificate <input type="checkbox"/> No Certificate Issued -- Deferred for Further Evaluation <input type="checkbox"/> FAA ATC-Deferred --No Certificate Issued <input type="checkbox"/> Has Been Denied --Letter of Denial Issued (Copy Attached)	
63. Disqualifying Defects (List by item number)			
64. Medical Examiner's Declaration -- I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.			
Date of Examination MM DD YYYY 07/29/1996		Aviation Medical Examiner's Name CHARLES MILLER	
		Aviation Medical Examiner's Signature	
		Street Address	
		City KIRKWOOD State MO Zip Code 63122	
		AME Serial Number 13174	
		AME Telephone	

Form 8500-8 Continuation Sheet
Applicant Name : ALFRED G NICHOLS
Applicant MID : 96207691

17.a. Medications (From page 1):
Medication

Previously Reported
Yes No

18. Explanations (From page 1):

19. Visits to Health Professional Within Last 3 Years. (From page 1):

Notes (From page 2):

Other Tests Given (From page 2):

Comments on History and Findings (From page 2):

FOR OFFICIAL USE ONLY

Public availability to be determined under 5 US C 552

Search Airmen

Last Name: [] First Name: [] Middle Name: []
 Birth Date: [] Applicant ID: [] SSN: []
 MID: [] PIP: [] Cert. #: []

Start Over Rpt. Last Search Search

Applicant ID	PI #	SSN	Last Name	First Name	Middle Name	Birth Date
1998-00763			NICHOLS	ALFRED	G	1967

Page 1 of 1

1 person found

New Airman

Exams for: ALFRED NICHOLS

MID	Class	Street	City	State	Zip Code	Phone	Cert #
9620769			CHESTERFIELD	MO	63017-5562		07/29/1996

Page 1 of 1

1 exam found

New Exam Open Exam

Cancel

7, 38 and 39).