

CERTIFICATE OF TRUE COPY

I HEREBY CERTIFY that the attached is a true copy of the complete airman file pertaining to Wesley Bryan Caves, date of birth [REDACTED]. Supporting documents are on file in the Airmen Certification Branch, Federal Aviation Administration, Department of Transportation.

Signed and dated at Oklahoma City, Oklahoma

this 1st day of April, 2013

[REDACTED]

by Tina T. Ly

Compliance Specialist, Airmen Certification Branch

(Title)

I HEREBY CERTIFY that I, Tona K. Gates

is now and was at the time of signing, Manager, Airmen Certification Branch, Federal Aviation Administration, Department of Transportation, the legal custodian of the aforesaid records, and that full faith and credit should be given this certificate as such.

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused the seal of the U.S. Department of Transportation to be affixed

this 1st day of April, 2013

at Oklahoma City, Oklahoma

[REDACTED]

Tona K. Gates

(Signature)

Manager, Airmen Certification Branch

(Title)

Civil Aviation Registry

U. S. Department of Transportation



II. TEMPORARY AIRMAN CERTIFICATE

III. Certificate No. [REDACTED]

THIS CERTIFIES THAT

IV. WESLEY BRYAN CAVES

V. [REDACTED]

TULSA OK 74132

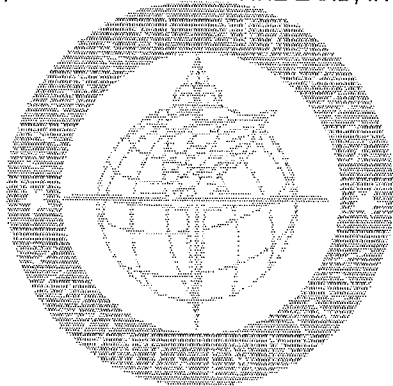
DATE OF BIRTH [REDACTED]	HEIGHT [REDACTED] in	WEIGHT [REDACTED] lbs	HAIR [REDACTED]	EYES [REDACTED]	SEX [REDACTED]	NATIONALITY VI. [REDACTED]
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IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: PRIVATE PILOT

Ratings and Limitations

AIRPLANE SINGLE ENGINE LAND; AIRPLANE MULTIENGINE LAND; INSTRUMENT AIRPLANE;
 RA-390S

ENGLISH PROFICIENT



XIII.

THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE		2/26/2012
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG NO.
X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	DATE DESIGNATION EXPIRES
05/04/2012 05:20:01 PM	KEVIN WALTER ROTHFUS	[REDACTED]
IACRA E-SIGNED APPLICATION WP21		8/31/2012

vii Airman's Signature

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void-

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

ii. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT		iv. WESLEY BRYAN CAVES		v. [REDACTED]		TULSA OK 74132	
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY vi.	
[REDACTED]	[REDACTED] IN.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
ix. [REDACTED] has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of PRIVATE PILOT							
RATINGS AND LIMITATIONS xii. AIRPLANE SINGLE ENGINE LAND; AIRPLANE MULTIENGINE LAND; INSTRUMENT AIRPLANE - RA-390S; [LIMITATIONS]; ENGLISH PROFICIENT							
xiii. THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE				DATE OF SUPERSEDED AIRMAN CERTIFICATE 2/26/2012			
BY DIRECTION OF THE ADMINISTRATOR				EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.			
x. DATE OF ISSUANCE 05/04/2012 05:20:01 PM		xi. SIGNATURE OF EXAMINER OR INSPECTOR KEVIN WALTER ROTHFUS IACRA E-SIGNED APPLICATION WP21		DATE DESIGNATION EXPIRES 8/31/2012			

vii. AIRMAN'S SIGNATURE

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.





Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I Application Information

Student Recreational Private Commercial Airline Transport Instrument

Additional Rating Airplane Single-Engine Airplane Multiengine Rotorcraft Balloon Airship Glider Powered-Lift

Flight Instructor _____ Initial _____ Renewal _____ Reinstatement Additional Instructor Ground Instructor

Medical Flight Test Reexamination Reissuance of certificate Other

A. Name (Last, First Middle) **CAVES, WESLEY BRYAN** B. SSN (US only) **DO NOT USE** C. Date of Birth [REDACTED] D. Place of Birth **TULSA OK USA**

E. Address [REDACTED] F. Citizenship (Citizenship) Specify USA Other G. Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code **TULSA OK 74132** H. Height [REDACTED] In. I. Weight [REDACTED] lbs. J. Hair [REDACTED] K. Eyes [REDACTED] L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate **PRIVATE PILOT** O. Certificate Number [REDACTED] P. Date Issued **2/26/2012**

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate **THIRD CLASS MEDICAL** S. Date Issued **1/17/2012** T. Name of Examiner **DENNIS E. DEAKINS, MD**

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Yes No V. Date of Final Conviction

II Certificate or Rating Applied For on Basis of:

A. Completion of Required Test 1. Aircraft to be used (if flight test required)
1) RAYTHN-390-390 2) 2a. Total Time in this aircraft SIM/FTD
1) 7.7 2) hours 2b. Pilot in Command
1) 2) hours

B. Military Competence Obtained In 1. Service 2. Date Rated 3. Rank or Grade and Service Number
4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. 4b. US Military PIC & Instrument Check

C. Graduate of Approved Course 1. Name and Location of Training Agency or Training Center 1a. Certification Number
2. Curriculum From Which Graduated 3. Date

D. Holder of Foreign License Issued By 1. Country 2. Grade of License 3. Number
4. Ratings

E. Completion of Air Carrier's Approved Training Program 1. Name of Air Carrier 2. Date 3. Which Curriculum
 Initial Upgrade Transition

III Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes	450.00			PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator																
Training Device																
PCATD																

IV Have you failed a test for this certificate or rating? Yes No

V. Applicant's Certification - I 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 as 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 **WESLEY BRYAN CAVES E-SIGN** Date **05/04/2012 01:50:09 PM**

Instructor's Recommendation				
I have personally instructed the applicant and consider this person ready to take the test.				
Date	Instructor's Signature (Print Name & Sign)	Certificate No:	Certificate Expires	
05/04/2012 01:46:59 PM	MARVIN DENNIS ALEXANDER E-SIGN	[REDACTED]	3/31/2013	
Air Agency's Recommendation				
This applicant has successfully completed our _____ Course, and is recommended for certification or rating without further _____ test.				
Date	Agency Name and Number	Official's Signature		
		Title		
Designated Examiner or Airman Certification Representative Report				
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <input checked="" type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)				
Location of Test (Facility, City, State)		Duration of Test		
ORAL ONT-ONTARIO INTL, ONTARIO, CA; AIRCRAFT FLIGHT CHECK ONT-ONTARIO INTL, ONTARIO, CA		Ground	Simulator/FTD SIM) FTD)	Flight 1) 2.0 2) 0.0
		2.1		
Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)		
PRIVATE PILOT, AIRPLANE MULTIENGINE LAND ADDED TYPE RATING RA-390S	1) RAYTHN-390-390 2)	1) N26DK 2)		
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
05/04/2012 05:20:01 PM	KEVIN WALTER ROTHFUS E-SIGN	[REDACTED]	[REDACTED]	8/31/2012
Evaluator's Record (Use For ATP Certificate and/or Type Ratings)				
	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KEVIN WALTER ROTHFUS E-SIGN [REDACTED]	05/04/2012 05:18:17 PM
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KEVIN WALTER ROTHFUS E-SIGN [REDACTED]	05/04/2012 05:19:21 PM
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>		
Aviation Safety Inspector or Technician Report				
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.				
<input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved -- Disapproval Notice issued (Original Attached)				
Location of Test (Facility, City, State)		Duration of Test		
		Ground	Simulator/FTD SIM) FTD)	Flight 1) 2)
Certificate or Rating for Which Tested	Type(s) of Aircraft	Registration No.		
	1) 2)	1) 2)		
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Military Competence <input type="checkbox"/> Renewal <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Foreign License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Instructor Renewal Based on <input type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330 <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities				
Training Course (FIRC) Name		Graduation Certificate No.	Date	
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office	
			WP21	
Attachments:				
<input checked="" type="checkbox"/> Airman's Identification (ID) ID: _____ Name: CAVES, WESLEY BRYAN				
<input type="checkbox"/> Student Pilot Certificate (copy) USA DRIVER'S LICENSE USA OK Form of ID _____				
<input type="checkbox"/> Knowledge Test Report				
<input checked="" type="checkbox"/> Temporary Airman Certificate Number _____ Date of Birth: _____				
<input type="checkbox"/> Notice of Disapproval 1/31/2016 Certificate Number: _____				
<input type="checkbox"/> Superseded Airman Certificate Expiration Date _____ Email Address: _____				
Telephone Number _____				



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) CAVES, WESLEY BRYAN
Social Security Number DO NOT USE
Certificate Number [REDACTED]
Date Issued 5/4/2012

Permanent Mailing Address:

Address the applicant requests the certificate to be sent:

Street [REDACTED]
P.O. Box
City, State, Zip Code TULSA OK 74132

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

II. TEMPORARY AIRMAN CERTIFICATE

III. Certificate No.
 PENDING

THIS CERTIFIES THAT

IV. WESLEY BRYAN CAVES

V. [REDACTED]

TULSA OK 74132

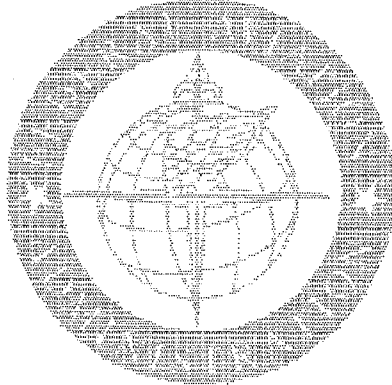
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
[REDACTED]	[REDACTED] in	[REDACTED] lbs	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: PRIVATE PILOT

Ratings and Limitations

AIRPLANE SINGLE ENGINE LAND; AIRPLANE MULTIENGINE LAND; INSTRUMENT AIRPLANE

ENGLISH PROFICIENT



XIII.

THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE		2/22/2012
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG NO.
X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	DATE DESIGNATION EXPIRES
02/26/2012 08:49:29 PM	JENNIFER JAMES WISE	12/31/2014
IACRA E-SIGNED APPLICATION SW15		

vii Airman's Signature

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void-

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

i. UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
 ii. **TEMPORARY AIRMAN CERTIFICATE**

iii. CERTIFICATE NO.
 PENDING

THIS CERTIFIES THAT iv. WESLEY BRYAN CAVES
 v. [REDACTED]
 TULSA OK 74132

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	vi.
[REDACTED]	[REDACTED] IN.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ix. [REDACTED] has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of
PRIVATE PILOT

RATINGS AND LIMITATIONS
 xii. AIRPLANE SINGLE ENGINE LAND; AIRPLANE MULTIENGINE LAND;
 INSTRUMENT AIRPLANE; [LIMITATIONS]; ENGLISH PROFICIENT

xiii. THIS IS AN ORIGINAL ISSUANCE A REISSUANCE OF THIS GRADE OF CERTIFICATE
 DATE OF SUPERSEDED AIRMAN CERTIFICATE
 2/22/2012

BY DIRECTION OF THE ADMINISTRATOR
 EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.
 [REDACTED]

x. DATE OF ISSUANCE 02/26/2012 08:49:29 PM	xi. SIGNATURE OF EXAMINER OR INSPECTOR JENNIFER JAMES WISE IACRA E-SIGNED APPLICATION SW15	DATE DESIGNATION EXPIRES 12/31/2014
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vii. AIRMAN'S SIGNATURE

XIV. CONDITIONS OF ISSUANCE

- This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -
1. Upon the receipt of a certificate of greater duration to replace it;
 2. Upon a finding by the FAA that an error has been made in its issuance;
 3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
 4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
 5. In any case, at the expiration of 120 days from date of issuance.





Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I Application Information

Student Recreational Private Commercial Airline Transport Instrument
 Additional Rating Airplane Single-Engine Airplane Multiengine Rotorcraft Balloon Airship Glider Powered-Lift
 Flight Instructor Initial Renewal Reinstatement Additional Instructor Ground Instructor
 Medical Flight Test Reexamination Reissuance of certificate Other

A. Name (Last, First Middle) **CAVES, WESLEY BRYAN** B. SSN (US only) [REDACTED] C. Date of Birth [REDACTED] D. Place of Birth **TULSA OK USA**

E. Address [REDACTED] F. Citizenship (Citizenship) Specify USA Other G. Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code **TULSA OK 74132** H. Height [REDACTED] In. I. Weight [REDACTED] lbs. J. Hair [REDACTED] K. Eyes [REDACTED] L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate **PRIVATE PILOT** O. Certificate Number **PENDING** P. Date Issued **2/22/2012**

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate **THIRD CLASS MEDICAL** S. Date Issued **1/17/2012** T. Name of Examiner **DENNIS DEAKINS**

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Yes No V. Date of Final Conviction

II Certificate or Rating Applied For on Basis of:

A. Completion of Required Test 1. Aircraft to be used (if flight test required)
 1) PA-44-180 2) 2a. Total Time in this aircraft SIM/FTD
 1) 10.0 2) hours 2b. Pilot in Command
 SIM) FTD) hours 1) 10.0 2) hours

B. Military Competence Obtained In 1. Service 2. Date Rated 3. Rank or Grade and Service Number
 4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. 4b. US Military PIC & Instrument Check

C. Graduate of Approved Course 1. Name and Location of Training Agency or Training Center 1a. Certification Number
 2. Curriculum From Which Graduated 3. Date

D. Holder of Foreign License Issued By 1. Country 2. Grade of License 3. Number
 4. Ratings

E. Completion of Air Carrier's Approved Training Program 1. Name of Air Carrier 2. Date 3. Which Curriculum
 Initial Upgrade Transition

III Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes	330.00	80.00	250.00	PIC 250.00 SIC	20.00	250.00	PIC 250.00 SIC	500.00	20.00	40.00	PIC 40.00 SIC	PIC 40.00 SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator																
Training Device																
PCATD																

IV Have you failed a test for this certificate or rating? Yes No

V. Applicant's Certification - I 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 as 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 **WESLEY BRYAN CAVES E-SIGN** Date **02/26/2012 08:41:29 PM**

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date 02/26/2012 05:26:07 PM	Instructor's Signature (Print Name & Sign) THOMAS ROGER LUCENTA E-SIGN	Certificate No: [REDACTED]	Certificate Expires 6/30/2012
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Air Agency's Recommendation

This applicant has successfully completed our _____ Course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's Signature
		Title

Designated Examiner or Airmen Certification Representative Report

- Student Pilot Certificate Issued (Copy attached)
- I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate or rating sought.
- I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.
- I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
- Approved - Temporary Certificate Issued (Original Attached)
- Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State) RVS-RICHARD LLOYD JONES JR, TULSA, OK	Duration of Test		
	Ground 1.7	Simulator/FTD SIM) 0.0 FTD) 0.0	Flight 1) 1.2 2) 0.0

Certificate or Rating for Which Tested PRIVATE PILOT, INSTRUMENT AIRPLANE	Type(s) of Aircraft Used 1) PA-44-180 2)	Registration No.(s) 1) N290ND 2)
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Date 02/26/2012 08:49:29 PM	Examiner's Signature (Print Name & Sign) JENNIFER JAMES WISE E-SIGN	Certificate No. [REDACTED]	Designation No. [REDACTED]	Designation Expires 12/31/2014
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Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.

- Approved - Temporary Certificate Issued (Original Attached) Disapproved -- Disapproval Notice issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD SIM) FTD)	Flight 1) 2)

Certificate or Rating for Which Tested	Type(s) of Aircraft 1) 2)	Registration No. 1) 2)
--	------------------------------	---------------------------

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student Pilot Certificate Issued | <input type="checkbox"/> Certificate or Rating Based on | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Ground Instructor |
| <input type="checkbox"/> Examiner's Recommendation | <input type="checkbox"/> Military Competence | <input type="checkbox"/> Renewal | |
| <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | <input type="checkbox"/> Foreign License | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Reissue or Exchange of Pilot Certificate | <input type="checkbox"/> Approved Course Graduate | <input type="checkbox"/> Instructor Renewal Based on | |
| <input type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330 | <input type="checkbox"/> Other Approved FAA Qualification Criteria | <input type="checkbox"/> Activity | <input type="checkbox"/> Training Course |
| | | <input type="checkbox"/> Test | <input type="checkbox"/> Duties and Responsibilities |

Training Course (FIRC) Name	Graduation Certificate No.	Date
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Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office SW15
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Attachments:

- Student Pilot Certificate (copy)
- Knowledge Test Report
- Temporary Airman Certificate
- Notice of Disapproval
- Superseded Airman Certificate

Airman's Identification (ID)

ID: _____ Name: CAVES, WESLEY BRYAN

PASSPORT USA Form of ID _____ Date of Birth: _____

Number _____ Certificate Number: PENDING

3/5/2017 Expiration Date _____ Email Address: _____

Telephone Number _____



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) CAVES, WESLEY BRYAN
Social Security Number [REDACTED]
Certificate Number PENDING
Date Issued 2/26/2012

Permanent Mailing Address:

Street [REDACTED]
P.O. Box
City, State, Zip Code TULSA OK 74132

Address the applicant requests the certificate to be sent:

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

II. TEMPORARY AIRMAN CERTIFICATE

III. Certificate No.
 [REDACTED]

THIS CERTIFIES THAT
 IV. WESLEY BRYAN CAVES
 V. [REDACTED]

TULSA OK 74132

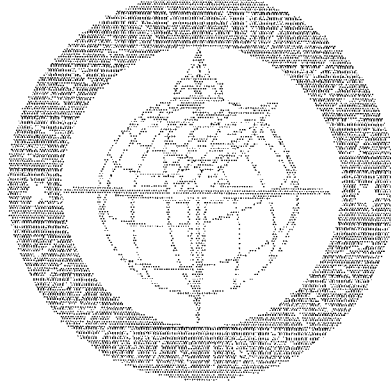
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
[REDACTED]	[REDACTED] in	[REDACTED] lbs	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: PRIVATE PILOT

Ratings and Limitations

AIRPLANE SINGLE ENGINE LAND; AIRPLANE MULTIENGINE LAND

ENGLISH PROFICIENT



XIII.

THIS IS <input checked="" type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE		4/29/2011
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG NO.
X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	[REDACTED]
02/26/2012 08:47:22 PM	JENNIFER JAMES WISE	DATE DESIGNATION EXPIRES
IACRA E-SIGNED APPLICATION SW15		12/31/2014

vii Airman's Signature

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void-

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

ii. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT		iv. WESLEY BRYAN CAVES	
		v. [REDACTED]	
TULSA OK 74132			
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR
[REDACTED]	[REDACTED] IN.	[REDACTED]	[REDACTED]
EYES	SEX	NATIONALITY	
[REDACTED]	[REDACTED]	vi. [REDACTED]	
ix. [REDACTED] has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of			
PRIVATE PILOT			
RATINGS AND LIMITATIONS			
xii. AIRPLANE SINGLE ENGINE LAND; AIRPLANE MULTIENGINE LAND; [LIMITATIONS]: ENGLISH PROFICIENT			
xiii.			
THIS IS <input checked="" type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE		DATE OF SUPERSEDED AIRMAN CERTIFICATE	
		4/29/2011	
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.	
x. DATE OF ISSUANCE	xi. SIGNATURE OF EXAMINER OR INSPECTOR	[REDACTED]	
02/26/2012 08:47:22 PM	JENNIFER JAMES WISE	DATE DESIGNATION EXPIRES	
IACRA E-SIGNED APPLICATION SW15		12/31/2014	

vii. AIRMAN'S SIGNATURE

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I Application Information

Student Recreational Private Commercial Airline Transport Instrument
 Additional Rating Airplane Single-Engine Airplane Multiengine Rotorcraft Balloon Airship Glider Powered-Lift
 Flight Instructor _____ Initial _____ Renewal _____ Reinstatement Additional Instructor Ground Instructor
 Medical Flight Test Reexamination Reissuance of certificate Other

A. Name (Last, First Middle) B. SSN (US only) C. Date of Birth D. Place of Birth

CAVES, WESLEY BRYAN [REDACTED] [REDACTED] TULSA OK USA

E. Address F. Citizenship (Citizenship) Specify G. Do you read, speak, write, & understand the English language?

[REDACTED] USA Other Yes No

City, State, Zip Code H. Height I. Weight J. Hair K. Eyes L. Sex

TULSA OK 74132 [REDACTED] In. [REDACTED] lbs. [REDACTED] [REDACTED] Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? N. Grade Pilot Certificate O. Certificate Number P. Date Issued

Yes No PRIVATE PILOT [REDACTED] 4/29/2011

Q. Do you hold a Medical Certificate? R. Class of Certificate S. Date Issued T. Name of Examiner

Yes No THIRD CLASS MEDICAL 1/17/2012 DENNIS DEAKINS

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? V. Date of Final Conviction

Yes No

II Certificate or Rating Applied For on Basis of:

A. Completion of Required Test

1. Aircraft to be used (if flight test required)

1) PA-44-180 2) _____

2a. Total Time in this aircraft (SIM/FTD) 2b. Pilot in Command

1) 10.0 2) _____ 1) _____ 2) _____

SIM) FTD) hours hours

B. Military Competence Obtained In

1. Service 2. Date Rated 3. Rank or Grade and Service Number

4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. 4b. US Military PIC & Instrument Check

C. Graduate of Approved Course

1. Name and Location of Training Agency or Training Center 1a. Certification Number

2. Curriculum From Which Graduated 3. Date

D. Holder of Foreign License Issued By

1. Country 2. Grade of License 3. Number

4. Ratings

E. Completion of Air Carrier's Approved Training Program

1. Name of Air Carrier 2. Date 3. Which Curriculum

Initial Upgrade Transition

III Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes	330.00	80.00	250.00	PIC 250.00 SIC	20.00	250.00	PIC 250.00 SIC	30.00	10.00	30.00	PIC 30.00 SIC	PIC 30.00 SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator																
Training Device																
PCATD																

IV Have you failed a test for this certificate or rating? Yes No

V. Applicant's Certification - I 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 as 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 WESLEY BRYAN CAVES E-SIGN Date 02/26/2012 08:45:26 PM

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date 02/26/2012 05:27:03 PM	Instructor's Signature (Print Name & Sign) THOMAS ROGER LUCENTA E-SIGN	Certificate No: [REDACTED]	Certificate Expires 6/30/2012
--------------------------------	---	-------------------------------	----------------------------------

Air Agency's Recommendation

This applicant has successfully completed our _____ Course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's Signature
		Title

Designated Examiner or Airman Certification Representative Report

- Student Pilot Certificate Issued (Copy attached)
- I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate or rating sought.
- I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.
- I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
 - Approved - Temporary Certificate Issued (Original Attached)
 - Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State) RVS-RICHARD LLOYD JONES JR, TULSA, OK	Duration of Test		
	Ground 1.7	Simulator/FTD SIM) 0.0 FTD) 0.0	Flight 1) 1.2 2) 0.0

Certificate or Rating for Which Tested PRIVATE PILOT, AIRPLANE MULTIENGINE LAND	Type(s) of Aircraft Used 1) PA-44-180 2)	Registration No.(s) 1) N290ND 2)
--	--	--

Date 02/26/2012 08:47:22 PM	Examiner's Signature (Print Name & Sign) JENNIFER JAMES WISE E-SIGN	Certificate No. [REDACTED]	Designation No. [REDACTED]	Designation Expires 12/31/2014
--------------------------------	--	-------------------------------	-------------------------------	-----------------------------------

Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.

- Approved - Temporary Certificate Issued (Original Attached)
- Disapproved -- Disapproval Notice issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD SIM) FTD)	Flight 1) 2)

Certificate or Rating for Which Tested	Type(s) of Aircraft 1) 2)	Registration No. 1) 2)
--	-----------------------------------	--------------------------------

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student Pilot Certificate Issued | <input type="checkbox"/> Certificate or Rating Based on | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Ground Instructor |
| <input type="checkbox"/> Examiner's Recommendation | <input type="checkbox"/> Military Competence | <input type="checkbox"/> Renewal | |
| <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | <input type="checkbox"/> Foreign License | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Reissue or Exchange of Pilot Certificate | <input type="checkbox"/> Approved Course Graduate | Instructor Renewal Based on | |
| <input type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330 | <input type="checkbox"/> Other Approved FAA Qualification Criteria | <input type="checkbox"/> Activity | <input type="checkbox"/> Training Course |
| | | <input type="checkbox"/> Test | <input type="checkbox"/> Duties and Responsibilities |

Training Course (FIRC) Name	Graduation Certificate No.	Date
-----------------------------	----------------------------	------

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office SW15
------	---	-----------------	-----------------------------

Attachments:

- Student Pilot Certificate (copy)
- Knowledge Test Report
- Temporary Airman Certificate
- Notice of Disapproval
- Superseded Airman Certificate

Airman's Identification (ID) ID: _____ Name: CAVES, WESLEY BRYAN

PASSPORT USA Form of ID _____ Date of Birth: _____

Number _____ Certificate Number: _____

3/5/2017 Expiration Date _____ Email Address: _____

_____ Telephone Number _____



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) CAVES, WESLEY BRYAN
Social Security Number [REDACTED]
Certificate Number [REDACTED]
Date Issued 2/26/2012

Permanent Mailing Address:

Street [REDACTED]
P.O. Box
City, State, Zip Code TULSA OK 74132

Address the applicant requests the certificate to be sent:

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

II. TEMPORARY AIRMAN CERTIFICATE

III. Certificate No.
 [REDACTED]

THIS CERTIFIES THAT

IV. WESLEY BRYAN CAVES

V. [REDACTED]

TULSA OK 74132

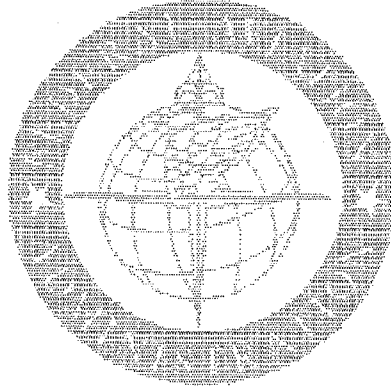
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
[REDACTED]	[REDACTED] in	[REDACTED] lbs	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: PRIVATE PILOT

Ratings and Limitations

AIRPLANE SINGLE ENGINE LAND; INSTRUMENT AIRPLANE

ENGLISH PROFICIENT



XIII.

THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE		4/29/2011
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG NO.
X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	DATE DESIGNATION EXPIRES
02/22/2012 05:48:58 PM	JENNIFER JAMES WISE	[REDACTED]
IACRA E-SIGNED APPLICATION SW15		12/31/2014

vii Airman's Signature

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void-

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

ii. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT		iv. WESLEY BRYAN CAVES				
		v. [REDACTED]				
		TULSA OK 74132				
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY vi.
[REDACTED]	[REDACTED] IN.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ix. [REDACTED] has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of PRIVATE PILOT						
RATINGS AND LIMITATIONS						
xii. AIRPLANE SINGLE ENGINE LAND, INSTRUMENT AIRPLANE [LIMITATIONS]: ENGLISH PROFICIENT						
xiii.						
THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE				DATE OF SUPERSEDED AIRMAN CERTIFICATE		
				4/29/2011		
BY DIRECTION OF THE ADMINISTRATOR					EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.	
x. DATE OF ISSUANCE		xi. SIGNATURE OF EXAMINER OR INSPECTOR			DATE DESIGNATION EXPIRES	
02/22/2012 05:48:58 PM		JENNIFER JAMES WISE IACRA E-SIGNED APPLICATION SW15			[REDACTED] 12/31/2014	

vii. AIRMAN'S SIGNATURE

FAA Form 8060-4 (8-79) USE PREVIOUS EDITION

Application Number: 539429

IACRA Equivalent

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void –

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I Application Information

Additional Rating Student Recreational Private Commercial Airline Transport Instrument

Flight Instructor Airplane Single-Engine Airplane Multiengine Rotorcraft Balloon Airship Glider Powered-Lift

Medical Flight Test Reexamination Reissuance of certificate Other

A. Name (Last, First Middle) **CAVES, WESLEY BRYAN** B. SSN (US only) [REDACTED] C. Date of Birth [REDACTED] D. Place of Birth **TULSA OK USA**

E. Address [REDACTED] F. Citizenship (Citizenship) Specify USA Other G. Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code **TULSA OK 74132** H. Height [REDACTED] in. I. Weight [REDACTED] lbs. J. Hair [REDACTED] K. Eyes [REDACTED] L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate **PRIVATE PILOT** O. Certificate Number [REDACTED] P. Date Issued **4/29/2011**

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate **THIRD CLASS MEDICAL** S. Date Issued **1/17/2012** T. Name of Examiner **DENNIS DEAKINS**

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Yes No V. Date of Final Conviction

II Certificate or Rating Applied For on Basis of:

A. Completion of Required Test

1. Aircraft to be used (if flight test required)
1) **LC-LC41-550FG** 2) 2a. Total Time in this aircraft SIM/FTD
1) **300.0** 2) hours 2b. Pilot in Command
1) **250.0** 2) hours

B. Military Competence Obtained In

1. Service 2. Date Rated 3. Rank or Grade and Service Number

4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. 4b. US Military PIC & Instrument Check

C. Graduate of Approved Course

1. Name and Location of Training Agency or Training Center 1a. Certification Number

2. Curriculum From Which Graduated 3. Date

D. Holder of Foreign License Issued By

1. Country 2. Grade of License 3. Number

4. Ratings

E. Completion of Air Carrier's Approved Training Program

1. Name of Air Carrier 2. Date 3. Which Curriculum
 Initial Upgrade Transition

III Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes	314.00	64.00	250.00	PIC 250.00 SIC	10.00	30.00	PIC 250.00 SIC	70.00	20.00	40.00	PIC 44.00 SIC	PIC 28.00 SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator																
Training Device																
PCATD																

IV Have you failed a test for this certificate or rating? Yes No

V. Applicant's Certification - I 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 as 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 **WESLEY BRYAN CAVES E-SIGN** Date **02/05/2012 01:09:37 PM**

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date 02/04/2012 12:35:46 PM	Instructor's Signature (Print Name & Sign) THOMAS ROGER LUCENTA E-SIGN	Certificate No. [REDACTED]	Certificate Expires 6/30/2012
--------------------------------	---	-------------------------------	----------------------------------

Air Agency's Recommendation

This applicant has successfully completed our _____ Course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's Signature
		Title

Designated Examiner or Airman Certification Representative Report

- Student Pilot Certificate Issued (Copy attached)
- I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate or rating sought.
- I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.
- I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
 - Approved - Temporary Certificate Issued (Original Attached)
 - Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State) RVS-RICHARD LLOYD JONES JR, TULSA, OK	Duration of Test		
	Ground 1.9	Simulator/FTD SIM) 0.0 FTD) 0.0	Flight 1) 1.0 2) 0.0

Certificate or Rating for Which Tested PRIVATE PILOT, INSTRUMENT AIRPLANE	Type(s) of Aircraft Used 1) LC-LC41-550FG 2)	Registration No.(s) 1) N581GL 2)
--	---	-------------------------------------

Date 02/22/2012 05:48:58 PM	Examiner's Signature (Print Name & Sign) JENNIFER JAMES WISE E-SIGN	Certificate No. [REDACTED]	Designation No. [REDACTED]	Designation Expires 12/31/2014
--------------------------------	--	-------------------------------	-------------------------------	-----------------------------------

Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>		

Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.

- Approved - Temporary Certificate Issued (Original Attached)
- Disapproved -- Disapproval Notice issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD SIM) FTD)	Flight 1) 2)

Certificate or Rating for Which Tested	Type(s) of Aircraft 1) 2)	Registration No. 1) 2)
--	------------------------------	---------------------------

- Student Pilot Certificate Issued
- Examiner's Recommendation
- ACCEPTED REJECTED
- Reissue or Exchange of Pilot Certificate
- Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330
- Certificate or Rating Based on
 - Military Competence
 - Foreign License
 - Approved Course Graduate
 - Other Approved FAA Qualification Criteria
- Flight Instructor
- Ground Instructor
- Renewal
- Reinstatement
- Instructor Renewal Based on
 - Activity
 - Test
 - Training Course
 - Duties and Responsibilities

Training Course (FIRC) Name	Graduation Certificate No.	Date
-----------------------------	----------------------------	------

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office SW15
------	---	-----------------	-----------------------------

Attachments:

- Student Pilot Certificate (copy)
- Knowledge Test Report
- Temporary Airman Certificate
- Notice of Disapproval
- Superseded Airman Certificate
- Airman's Identification (ID)
 - ID: PASSPORT USA
 - Name: CAVES, WESLEY BRYAN
 - Form of ID: [REDACTED]
 - Date of Birth: [REDACTED]
 - Number: [REDACTED]
 - Expiration Date: 3/5/2017
 - Certificate Number: [REDACTED]
 - Telephone Number: [REDACTED]
 - Email Address: [REDACTED]



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) CAVES, WESLEY BRYAN
Social Security Number [REDACTED]
Certificate Number [REDACTED]
Date Issued 2/22/2012

Permanent Mailing Address:

Address the applicant requests the certificate to be sent:

Street [REDACTED]
P.O. Box
City, State, Zip Code TULSA OK 74132

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

Airman Knowledge Test Report

NAME: WESLEY BRYAN CAVES

APPLICANT ID: [REDACTED]

EXAM: INSTRUMENT RATING AIRPLANE

EXAM ID: [REDACTED]

EXAM DATE: 1/27/2012

EXAM SITE: LAS74102

SCORE: 82

GRADE: PASS

TAKE: 1

Below are subject matter knowledge codes in which questions were answered incorrectly. For code descriptions see the latest version of AC 60-25, Reference Materials and Subject Matter Knowledge Codes for Airman Knowledge Testing, available via the Internet: <http://afs600.faa.gov>. A single code may represent more than one incorrect response.

PLT012 PLT033 PLT075 PLT083 PLT090 PLT091 PLT141 PLT275 PLT296 PLT445 PLT511

EXPIRATION DATE: 1/31/2014

II. TEMPORARY AIRMAN CERTIFICATE

III. Certificate No.
 PENDING

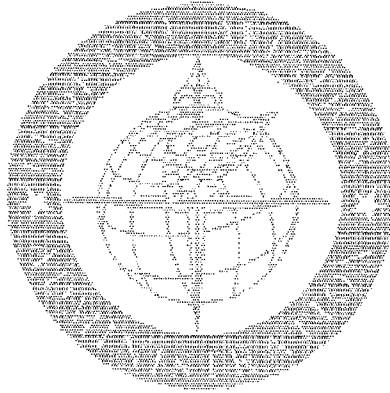
THIS CERTIFIES THAT
 IV. WESLEY BRYAN CAVES
 V. [REDACTED]
 TULSA OK 74132

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
[REDACTED]	[REDACTED] in	[REDACTED] lbs	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: PRIVATE PILOT

Ratings and Limitations

AIRPLANE SINGLE ENGINE LAND
 ENGLISH PROFICIENT



XIII.

THIS IS <input checked="" type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE		1/20/2011
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG NO.
X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	DATE DESIGNATION EXPIRES
04/29/2011 11:49:16 AM	JENNIFER JAMES WISE	[REDACTED]
IACRA E-SIGNED APPLICATION SW15		12/31/2011

vii Airman's Signature

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void-

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

ii. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT iv. WESLEY BRYAN CAVES

v. [REDACTED]

TULSA OK 74132

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	vi.
[REDACTED]	[REDACTED] IN.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ix. [REDACTED] has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of
PRIVATE PILOT

RATINGS AND LIMITATIONS

xii. AIRPLANE SINGLE ENGINE LAND; [LIMITATIONS]; ENGLISH PROFICIENT

xiii.

THIS IS <input checked="" type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE	DATE OF SUPERSEDED AIRMAN CERTIFICATE 1/20/2011
---	--

BY DIRECTION OF THE ADMINISTRATOR

EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.

x. DATE OF ISSUANCE 04/29/2011 11:49:16 AM	xi. SIGNATURE OF EXAMINER OR INSPECTOR JENNIFER JAMES WISE IACRA E-SIGNED APPLICATION SW15	DATE DESIGNATION EXPIRES 12/31/2011
---	--	--

vii. AIRMAN'S SIGNATURE

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.





Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I Application Information

Student Recreational Private Commercial Airline Transport Instrument
 Additional Rating Airplane Single-Engine Airplane Multiengine Rotorcraft Balloon Airship Glider Powered-Lift
 Flight Instructor Initial Renewal Reinstatement Additional Instructor Ground Instructor
 Medical Flight Test Reexamination Reissuance of certificate Other

A. Name (Last, First Middle) **CAVES, WESLEY BRYAN** B. SSN (US only) [REDACTED] C. Date of Birth [REDACTED] D. Place of Birth **TULSA OK USA**

E. Address [REDACTED] F. Citizenship (Citizenship) Specify USA Other G. Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code **TULSA OK 74132** H. Height [REDACTED] In. I. Weight [REDACTED] lbs. J. Hair [REDACTED] K. Eyes [REDACTED] L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate **STUDENT PILOT** O. Certificate Number [REDACTED] P. Date Issued **1/20/2011**

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate **THIRD CLASS MEDICAL** S. Date Issued **1/20/2011** T. Name of Examiner **WARREN S. SILBERMAN**

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Yes No V. Date of Final Conviction

II Certificate or Rating Applied For on Basis of:

A. Completion of Required Test 1. Aircraft to be used (if flight test required)
 1) PA-42-1000 2) 2a. Total Time in this aircraft SIM/FTD
 1) 71.0 2) hours 2b. Pilot in Command
 1) 33.0 2) hours

B. Military Competence Obtained In 1. Service 2. Date Rated 3. Rank or Grade and Service Number
 4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. 4b. US Military PIC & Instrument Check

C. Graduate of Approved Course 1. Name and Location of Training Agency or Training Center 1a. Certification Number
 2. Curriculum From Which Graduated 3. Date

D. Holder of Foreign License Issued By 1. Country 2. Grade of License 3. Number
 4. Ratings

E. Completion of Air Carrier's Approved Training Program 1. Name of Air Carrier 2. Date 3. Which Curriculum
 Initial Upgrade Transition

III Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes	71.00	35.90	35.10	PIC 32.40 SIC	21.00	26.70	PIC 26.70 SIC	7.50	4.50	10.00	PIC SIC	PIC SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator																
Training Device																
PCATD																

IV Have you failed a test for this certificate or rating? Yes No

V. Applicant's Certification - I 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 as 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 **WESLEY BRYAN CAVES E-SIGN** Date **04/29/2011 09:32:54 AM**

Instructor's Recommendation				
I have personally instructed the applicant and consider this person ready to take the test.				
Date	Instructor's Signature (Print Name & Sign)	Certificate No:	Certificate Expires	
04/29/2011 07:13:43 AM	THOMAS ROGER LUCENTA E-SIGN	[REDACTED]	6/30/2012	
Air Agency's Recommendation				
This applicant has successfully completed our _____ Course, and is recommended for certification or rating without further _____ test.				
Date	Agency Name and Number	Official's Signature		
		Title		
Designated Examiner or Airman Certification Representative Report				
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <input checked="" type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)				
Location of Test (Facility, City, State)		Duration of Test		
RVS-RICHARD LLOYD JONES JR, TULSA, OK		Ground	Simulator/FTD	Flight
		1.8	SIM) 0.0 FTD) 0.0	1) 1.1 2) 0.0
Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)		
PRIVATE PILOT, AIRPLANE SINGLE ENGINE LAND	1) PA-42-1000 2)	1) N581GL 2)		
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
04/29/2011 11:49:16 AM	JENNIFER JAMES WISE E-SIGN	[REDACTED]	[REDACTED]	12/31/2011
Evaluator's Record (Use For ATP Certificate and/or Type Ratings)				
	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aviation Safety Inspector or Technician Report				
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.				
<input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved -- Disapproval Notice issued (Original Attached)				
Location of Test (Facility, City, State)		Duration of Test		
		Ground	Simulator/FTD	Flight
			SIM) FTD)	1) 2)
Certificate or Rating for Which Tested	Type(s) of Aircraft	Registration No.		
	1) 2)	1) 2)		
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Military Competence <input type="checkbox"/> Renewal <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Foreign License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Instructor Renewal Based on <input type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330 <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities				
Training Course (FIRC) Name		Graduation Certificate No.	Date	
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office	
			SW15	
Attachments:				
<input type="checkbox"/> Student Pilot Certificate (copy)	<input checked="" type="checkbox"/> Airman's Identification (ID)	ID:	Name: CAVES, WESLEY BRYAN	
<input checked="" type="checkbox"/> Knowledge Test Report	USA DRIVER'S LICENSE USA OK	Form of ID	Date of Birth: [REDACTED]	
<input checked="" type="checkbox"/> Temporary Airman Certificate	[REDACTED]	Number	Certificate Number: PENDING	
<input type="checkbox"/> Notice of Disapproval	1/31/2012	Expiration Date	Email Address: [REDACTED]	
<input type="checkbox"/> Superseded Airman Certificate	[REDACTED]	Telephone Number		



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) CAVES, WESLEY BRYAN
Social Security Number [REDACTED]
Certificate Number PENDING
Date Issued 4/29/2011

Permanent Mailing Address:

Street [REDACTED]
P.O. Box
City, State, Zip Code TULSA OK 74132

Address the applicant requests the certificate to be sent:

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

 **U.S. DEPARTMENT OF TRANSPORTATION**
Federal Aviation Administration

Airman Knowledge Test Report

NAME: WESLEY BRYAN CAVES

APPLICANT ID: [REDACTED]

EXAM: PRIVATE PILOT AIRPLANE

EXAM ID: [REDACTED]

EXAM DATE: 3/21/2011

EXAM SITE: LAS74102

SCORE: 83

GRADE: PASS

TAKE: 1

Below are subject matter knowledge codes in which questions were answered incorrectly. For code descriptions see the latest version of AC 60-25, Reference Materials and Subject Matter Knowledge Codes for Airman Knowledge Testing, available via the Internet: <http://afs600.faa.gov>. A single code may represent more than one incorrect response.

PLT012 PLT064 PLT072 PLT092 PLT141 PLT147 PLT161 PLT215 PLT463

EXPIRATION DATE: 3/31/2013