Factual Report – Attachment 10

First Officer Information

OPERATIONAL FACTORS

DCA19MA086

Aska, Conrad

07/03/2017

YES

Miami

USA

ST. JOHNS

Daughter

08/07/2009

09/26/2017

USA

767

USA EXPIRY DATE

07/31/2019

05/31/2019

07/31/2019

08/06/2019

FL

ATLAS AIR

NAME:

SHORTNAME: ID NUMBER:

Saturday, 12 January 2019

DATE OF EMPLOYMENT:

CONTACT NUMBERS: PHONE:

FAX: CELL: PAGER:

SENIORITY NUMBER: QUALIFICATIONS: DATA CONFIDENTIAL:

	Page:	1
	Time:	11:45
-		

RESIDENT ADDRESS:

DATE OF BIRTH: PLACE OF BIRTH: NATIONALITY: MARRIAGE STATUS: NEXT OF KIN: NAME : RELATIONSHIP: CONTACT: CONTRACT: PASSPORT 1: NUMBER: DATE OF ISSUE: PLACE OF ISSUE: PASSPORT 2: NUMBER: DATE OF ISSUE: PLACE OF ISSUE LICENCE: NUMBER: TYPE: DATE OF ISSUE: PLACE OF ISSUE:

EXPIRY CODE Proficiency Check MED Cert. Recurrent Gnd School Proficiency Training LDGS Recency Passport 1 Expiry

TOTAL FLIGHT HOURS:

424 : 36

AS OF: 12/31/2018

COMMENTS





UNITED STATES OF AMERICA	
Department of Transportation	<u>6</u>
Federal Aviation Administration	CONDITIONS OF ISSUE
MEDICAL CERTIFICATE FIRST CLASS	
	The holder of this certificate must
This certifies that <i>(Full name and address):</i>	 Have it in his or her personal possession at all times while exercising privileges of an airman certificate.
CONRAD J ASKA	(14CFR § 61.3)
	 Understand that the issuance of a medical certificate
	by an Aviation Medical Examiner may be reversed by the
	FAA within 60 days.
Date of Birth Height Weight Hair Eyes Sex	(14CFR § 67.407)
BLACK BROWN M	 Comply with validity standards specified for first-,
has met the medical standards prescribed in part 67, Federal Aviation	second-, and third-class medical certificates. (14CFR § 61.23)
Regulations, for this class of Medical Certificate.	 Comply with any statement of functional, operational,
Must have available glasses for near vision.	and/or time limitation issued as a condition of
	certification.
	(14CFR § 67.401)
	 Comply with the standards relating to prohibitions on
	operation during medical deficiency.
	(14CFR §§ 61.53, 63.19, and 65.49)
	For International Operations Only: Some holders may be
Date of Examination Examiner's Designation No.	affected by certain international medical standards.
1/29/2018 000021182	Consult the U.S. Aeronautical Information Publication for
Signature	U.S. differences with ICAO Annex 1 medical standards.
Typed Name SUSAN F. NELSON, DQ	
Typed Name	
SUBANE NELSON DO	
SUSAN F. NELSON, DO	
AIRMAN'S SIGNATURE	

AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300 FAA Civil Aerospace Medical Institute Mike Monroney Aeronautical Center P.O Box 26080 Oklahoma City, OK 73125-9914

CONRAD J ASKA 1128 NW 7 Ave Apt 705 Miami FL 33136 USA

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.