## Factual Report – Attachment 9 Captain Information

## OPERATIONAL FACTORS

DCA19MA086

ATLAS AIR

Friday, 12 October 2018

Page:

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Time: 09:40

NAME: Blakely, Ricky SHORTNAME: ID NUMBER: DATE OF EMPLOYMENT: 09/07/2015 SENIORITY NUMBER: QUALIFICATIONS: DATA CONFIDENTIAL: YES CONTACT NUMBERS: PHONE: FAX: CELL: PAGER: RESIDENT ADDRESS: Madison IN DATE OF BIRTH: PLACE OF BIRTH: Lubbock NATIONALITY: USA MARRIAGE STATUS: NEXT OF KIN: RELATIONSHIP: Spouse CONTACT: CONTRACT: PASSPORT 1: NUMBER: DATE OF ISSUE: 09/03/2013 USA PLACE OF ISSUE: NUMBER: PASSPORT 2: DATE OF ISSUE: PLACE OF ISSUE LICENCE: NUMBER: TYPE: 767 DATE OF ISSUE: 11/04/2015 PLACE OF ISSUE: USA EXPIRY CODE EXPIRY DATE Proficiency Check 08/31/2019 Annual Line Check MED Cert. 03/31/2019 Recurrent Gnd School 08/31/2019 Proficiency Training 02/28/2019 LDGS Recency 12/29/2018 Passport 1 Expiry 09/02/2023 TKOFF Recency 12/29/2018

COMMENTS

UNITED STATES OF AMERICA

## Department of Transportation

Federal Aviation Administration

## MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):

RICKY Nelson BLAKELY

Date of Birth	Height	Weight	Hair	Eyes	Sex
4			GRAY	HAZEL	M

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

Must wear corrective lenses.

Limitations

ApplicanND:

	of Examination 06/2018	Examiner's Designation No.	
Examiner	Signature		I,
xan	Typed Name	1	
Ш	ARTHUR J SHULTHISE, MI	D	
AIR	MAN'S SIGNATURE	1 0	

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