

CHANGE OF ADDRESS NOTIFICATION
(AIRMEN CERTIFICATE HOLDER)
 PRINT OR TYPE

		DATE OF BIRTH		
		Mo.	Day	Yr.
Last Name		First Name, Middle Initial		Certificate Number(s)
No. and Street, Apt., Suite, P.O. Box or R.D. No.				
City			State	Zip Code
SIGNATURE (DO NOT Print or Type)				Date

PRIVACY ACT: The information on this form is solicited under authority of the Federal Aviation Regulations which require you to report any change in permanent mailing address. Submission of the data is mandatory except for date of birth. Disclosure of your date of birth will facilitate proper identification of your airman record to process the address change. Refusal to furnish your date of birth will not result in the denial of the processing of the address change; however, failure to provide the date of birth may result in the delay of the processing of your request.

If acknowledgement is requested, include self-addressed, stamped envelope.

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U.S. DEPARTMENT OF TRANSPORTATION
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