UNITED STATES OF AMERICA

Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):

ASSIOM T PATRICE MOEVI Sicap liberte 6

Dakar Senegal

Date of Birth	Height	Weight	Hair	Eyes	Sex
09/24/1981	67	163	BLACK	BLACK	М

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

Valid for 6 months following the month examined.

imitations

Date of Examination
10/11/2021

Signature

Patrick CORREA

Medicine Aeronautique

Tuned Name

Typed Name

PATRICK CORREA, MD

AIRMAN'S SIGNATURE

Applicant ID: 2002206337 Control
FAA Form 8500-9 (3-12) Supersedes Previous Edition

Edition NSN: 0052 00 670

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CONDITIONS OF ISSUE

The holder of this certificate must:

- Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (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.
 (14CFR § 67.407)
- Comply with validity standards specified for first-second-, and third-class medical certificates.
 (14CFR § 61.23)
- Comply with any statement of functional, operational, 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 affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.



Aviation Safety
Office of Aerospace Medicine
Aerospace Medical Certification Division, AAM-300
P.O. Box 25082
Oklahoma City, OK 73125-9867

ASSIOM T PATRICE MOEVI Sicap liberte 6 Dakar Senegal

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.

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration **MEDICAL CERTIFICATE FIRST CLASS** This certifies that (Full name and address): ASSIOM T PATRICE MOEVI Sicap liberte 6 Dakar Senegal Date of Birth Height Weight Hair Eyes Sex 09/24/1981 167 BLACK 67 BLACK M has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate. None Limitations **Date of Examination** Examiner's Designation No. 10/06/2020 000001351 Signature Typed Name Soli MININGOU, MD **AIRMAN'S SIGNATURE** Applicant ID: 2002206337 Control No.: 200009279900

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Fold Here

(Cut on dashed line)

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NSN: 0052-00-670-7002

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