

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that *(Full name and address):*

WILLIAM Blake GRAVES

Flower Mound TX 75022 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex

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

Limitations

Must wear corrective lenses. Holder shall possess glasses for near/intermediate vision.

Date of Examination
01/13/2014

Examiner's Designation No.
[REDACTED]

Examiner

Signature
[REDACTED]

Typed Name

JEFFREY B GRIFFIN, DO

AIRMAN'S SIGNATURE
[REDACTED]

Applicant ID: [REDACTED]

Control No.: [REDACTED]

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

STATEMENT OF DEMONSTRATED ABILITY

This form cannot be used in lieu of a medical certificate; it should be attached to your medical certificate.

AIRMAN'S NAME AND ADDRESS

WILLIAM B GRAVES

WILLMAR MN 56201

CLASS OF MEDICAL
CERTIFICATE
AUTHORIZED

WAIVER SERIAL NO.

SECOND

LIMITATIONS

MUST WEAR CORRECTIVE LENSES

PHYSICAL DEFECTS NO VISION, LEFT EYE
RIGHT EYE 20/200 CORRECTED TO 20/20

BASIS OF
ISSUANCE

☐

OPERATIONAL
EXPERIENCE

☐

SPECIAL PRAC-
TICAL TEST

☒

SPECIAL
FLIGHT TEST

FOR THE FEDERAL AIR SURGEON

DATE

7-24-95

NAME AND TITLE (TO BE TYPED)

AUDIE W DAVIS MD

MGR AEROMEDICAL CERT DIV

SIGNATURE (TO BE SIGNED IN INK)