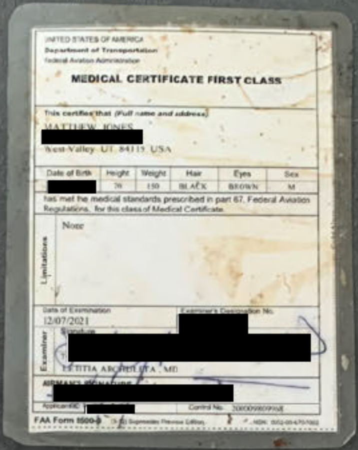


UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that *(Full name and address)*
MATTHEW JONES
[redacted]
West Valley UT 84115 USA

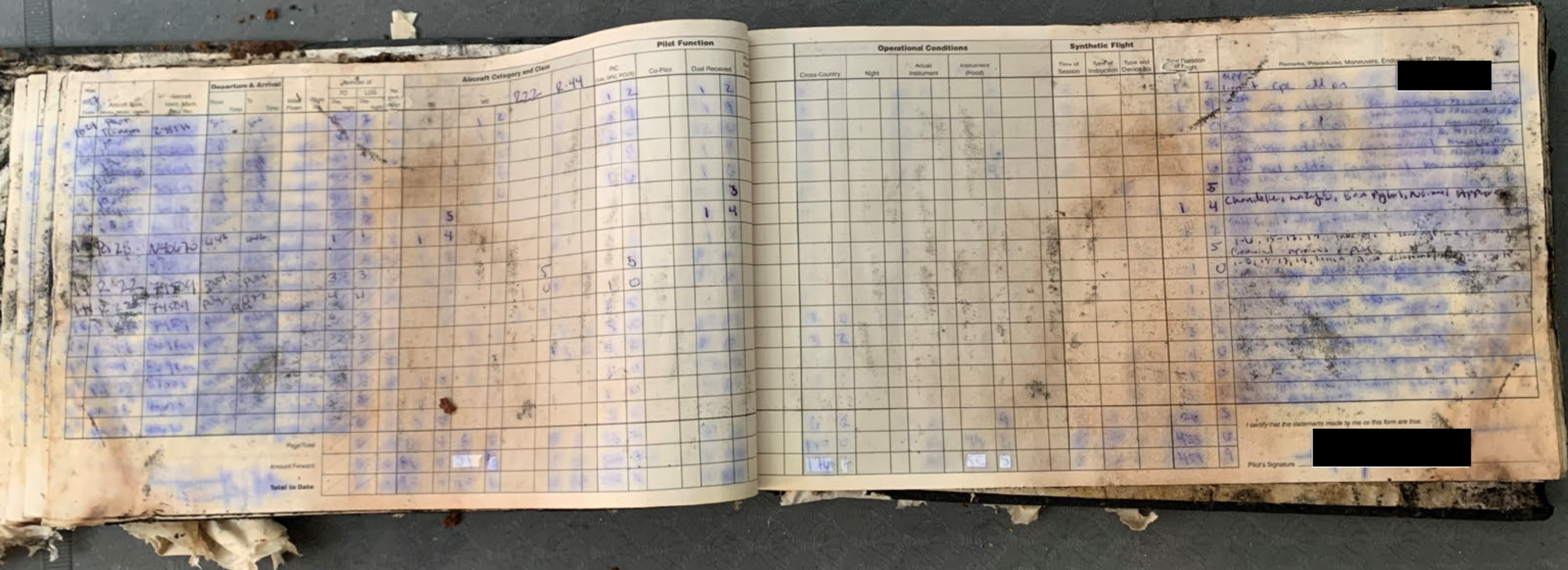
Date of Birth	Height	Weight	Hair	Eyes	Sex
[redacted]	70	150	BLACK	BROWN	M

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

Limitations: None

Date of Examination: 12/07/2021
Examiner's Designation No.: [redacted]
Examiner Signature: [redacted]
LETITIA ARCHULETA, MD
AIRMAN'S SIGNATURE: [redacted]
Applicant ID: [redacted]
Control No. 2000090009908

FAA Form 8500-9 (5-12) Supersedes Previous Edition. NSN: 0052-00-670-7002



Date | Aircraft Make, Model, Variant | Aircraft Ident. Mark, Reg. No. | Departure & Arrival: From, Time, To, Time | Number of TO, LDG | Aircraft Category and Class: SE, ME | Pilot Function: PIC, Co-Pilot, Dual Received | Operational Conditions: Cross-Country, Night, Actual Instrument, Instrument (Hood) | Synthetic Flight: Time of Session, Type of Instruction, Type and Device No. | Total Duration of Flight | Remarks, Procedures, Maneuvers, Endorsements, PIC Name [redacted]

R22 R-44

N40670

R-22 74509

R-22 74509

Chandelle, Lazy 8, Box Pylon, Normal Approach

Page Total
Amount Forward
Total to Date

I certify that the statements made by me on this form are true.
Pilot's Signature [redacted]