FEDERAL AVIATION ADMINISTRATION

CERTIFICATE OF TRUE COPY

I [redacted]BY CERTIFY that the attached is a true copy of the complete airman file pertaining to N[redacted]d Atta, date of birth September 1, 1968. Supporting documents are on file in the Airmen C[redacted]ion Branch, Federal Aviation Administration, and I am the legal custodian thereof.

Signed and dated at Oklahoma City, Oklahoma

this 25th day of April, 2002

Mae McGary

by Mae McGary

Supervisor, Certification Section C

(Title)

****

I HEREBY CERTIFY that Mae McGary

w[redacted]ned the [redacted]oing certificate is now, and was, at the time of signing Supervisor, Certification Se[redacted]C, the l[redacted]ustodian of the aforesaid records, and that full faith and credit should be given this ce[redacted]te as su[redacted]

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused the seal of the U.S. Department of Transportation to be affixed

this 25th day of April, 2002

at Oklahoma City, Oklahoma

Harold K. Everett

(Signature)

Manager, Airmen Certification Branch

(Title)

Civil Aviation Registry

U. S. Department of Transportation

Form [redacted]2100.1 (10-94)

NCTA000010894

9 1 9 2 0 3 4 5

APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED AIRMAN CERTIFICATE(S) AND KNOWLEDGE TEST REPORT(S)

Pdwf #13 2638990

PRIVACY ACT: This information is required under the authority of the Federal Aviation Act (Section 602). Certification cannot be completed unless the data is complete. Disclosure of your Social Security Number (SSN) is optional. Routine uses of records maintained in the system include categories of users and the purposes of such uses; i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Act of 1958; repository of documents used by individual and potential employers to determine validity of airmen qualifications; to support investigative efforts of investigation and law enforcement agencies of Federal, State, and local governments; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airman Information System (CAIS); and to provide documents for microfilm and microfiche backup records.

Type of Certificate(s)	Certificate Numbers(s)	Date(s) of Issuance
Commercial Pilot	2638990	12/12/2000

Type of Test	Location Test Was Taken	Date of Knowledge Test

Complete name in which certificate was issued: MOHAMED (first) NMN (middle) ATTA (last)

Present mailing address: 3389 SHERIDAN St #256 Hollywood, FL 33021

Physical address: (If applicable)

(If address is a PO Box, Rural Route, General Delivery, or Star Route, please provide a physical address, directions or map for locating your residence.)

Date and place of birth: 09/01/1968 (Date) KAFR EL SHIKH - EGYPT (Place)

Physical Description: Height (Inches) 67" Weight (Lbs.) 153 Hair Brown Eyes Brown Sex Male

Social Security Number: N/A Citizenship: EGYPTIAN

I enclose ☒ check ☐ money order in the amount of $ 2

06-04-01 Date

Mohamed Atta Signature

The fee for each duplicate Airman or Medical Certificate is $2. The fee for each knowledge test report is $1. Check or money order for total fees (payable to the FAA) must accompany request.

For Airman Certificate or knowledge test Report, mail this request to:
Federal Aviation Administration
Airmen Certification Branch, AFS-760
Post Office Box 25082
Oklahoma City, OK 73125-0082

For Medical or combined Student/Medical, mail this request to:
Federal Aviation Administration
Medical Certification Branch, AAM-334
Post Office Box 25082
Oklahoma City, OK 73125

For radio/telephone license, mail this request to:
Federal Communication Commission
1919 "M" Street, NW
Washington, DC 20554

AC Form 8060-56 (5/01) (NSN 0052-00-555-2004) Supersedes previous edition

011561810512
$2.00 06/07/2001

NCIA000010895

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

TEMPORARY AIRMAN CERTIFICATE

CERTIFICATE NO. 2638000

MOHAMED NMN ATTA
516 W LAUREL RD

NOKOMIS FL 34275

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY
09/01/1968	67	148	BROWN	BROWN	M	EGYPT

has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

COMMERCIAL PILOT

RATINGS AND LIMITATIONS

AIRPLANE MULTIENGINE LAND
INSTRUMENT AIRPLANE
PRIVATE PILOT PRIVILEGES
AIRPLANE SINGLE ENGINE LAND

THIS IS (✓) AN ORIGINAL ISSUANCE ( ) A REISSUANCE OF THIS CERTIFICATE

DATE OF SUPERSEDED AIRMAN CERTIFICATE 11/20/2000

BY DIRECTION OF THE ADMINISTRATOR

DATE OF ISSUANCE 12/21/2000

SIGNATURE OF EXAMINER OR INSPECTOR DAVID LESLIE WHITMAN 8036

EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REQ. NO. 1606700 803500018

DATE DESIGNATION EXPIRES 04/30/2001

AIRMAN'S SIGNATURE

FAA FORM 8060-4 (6-79) USE PREVIOUS EDITION ACRA Examiner V3.02

NCTA000010896

9 1 0 0 3 4 2 5

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

TEMPORARY AIRMAN CERTIFICATE

8. CERTIFICATE NO: PENDING

THIS CERTIFIES THAT
IV MOHAMED NMN ATTA
V 516 W LAUREL RD
NOKOMIS, FL 34275

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY
09/01/1968	67 IN	148	BROWN	BROWN	M	EGYPT

IX has been found to be properly identified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

PRIVATE PILOT

RATINGS AND LIMITATIONS
XII AIRPLANE SINGLE ENGINE LAND
INSTRUMENT AIRPLANE

XIII
THIS IS | AN ORIGINAL ISSUANCE | A REISSUANCE OF THIS
DATE OF CERTIFICATE

DATE OF SUPERSEDED AIRMAN CERTIFICATE: 09/18/2000

BY DIRECTION OF THE ADMINISTRATOR

X DATE OF ISSUANCE: 11/20/2000

SIGNATURE OF ISSUANCE OFFICER OR INSPECTOR: DAVID LESLIE WHITMAN 9035

DESIGNEE'S OR INSPECTOR'S REG. NO.: 1503789

DATE OF DESIGNATION EXPIRES: 04/30/2001

XI. AIRMAN'S SIGNATURE: Mohamed Atta

FAA FORM 8060-4 (6-79) LEAF PREVIOUS EDITION

ACM Document V2.0

NCTA000010897

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No. 2120-0021

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

I. Application Information

[ ] Student [ ] Recreational [ ] Private [X] Commercial [ ] Airline Transport [ ] Instrument
[ ] Additional Rating [ ] Airplane Single-Engine [X] Airplane Multiengine [ ] Rotorcraft [ ] Balloon [ ] Airship [ ] Glider [ ] Powered lift
[ ] Flight Instructor [ ] Initial [ ] Renewal [ ] Reinstatement [ ] Additional Instructor Rating [ ] Ground Instructor
[ ] Medical Flight Test [ ] Reexamination [ ] Reissuance of _____ Certificate [ ] Other _____

A. Name (Last, First, Middle)	B. SSN (US Only)	C. Date of Birth (Month Day Year)	D. Place of Birth
ATTA , MOHAMED NMN.	DO NOT USE	09/01/1968	KAFR ELSHIKH EGYPT

E. Address	F. Citizenship	G. Do you read, speak, write, & understand the English language?
516 W LAUREL RD NOKOMIS, FL 34275	[ ] USA [X] Other EGYPT (Specify)	[X] Yes [ ] No

H. Height	I. Weight	J. Hair	K. Eyes	L. Sex
67.00 in.	148.00 Lbs.	BROWN	BROWN	[X] Male [ ] Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate?	N. Grade Pilot Certificate	O. Certificate Number	P. Date Issued
[X] Yes [ ] No	PRIVATE PILOT	2638990	11/20/2000

Q. Do you hold a Medical Certificate?	R. Class of Certificate	S. Date Issued	T. Name of Examiner
[X] Yes [ ] No	THIRD CLASS MEDICAL	07/24/2000	A DROBA

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? [ ] Yes [X] No

V. Date of Final Conviction

II. Certificate or Rating Applied For on Basis of:

[X] A. Completion of Required Test
1. Aircraft to be used: 1.) PA-34-200T 2.)
2a. Total Time in this aircraft /SIM /FTD: 1.) 29.10 2.) SIM) FTD) hours
2b. Pilot in Command: 1.) 10.00 2.) hours

[ ] B. Military Competence Obtained in
1. Service
2. Date Rated
3. Rank or Grade and Service Number
4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft
4b. US Military PIC & Instrument check

[ ] C. Graduate of Approved Course
1. Name and Location of Training Agency or Training Center
1a. Certification Number
2. Curriculum From Which Graduated
3. Date

[ ] D. Holder of Foreign License Issued By
1. Country
2. Grade of License
3. Number
4. Ratings

[ ] E. Completion of Air Carrier's Approved Training Program
1. Name of Air Carrier
2. Date
3. Which Curriculum: [ ] Initial [ ] Upgrade [ ] Transition

III. RECORD OF PILOT TIME

Flt Time All Categories Total	246.2	Solo Night	5.0
Flt Time All Categories Powered Aircraft	246.2	Solo Takeoffs/Landings	10.0
Flt Time All Categories Airplane	246.2	Flt Instn Total	119.5
Flt Time All Categories Sim/Training Device	3.9	Flt Instn Instrument	40.0
PIC Total	168.5	Flt Instn Airplane	40.0
PIC Airplane	168.5	Flt Instn Train/Complex/Turbine-Power Airpln	19.0
PIC Cross Country	98.1	Flt Instn Cross Cntry (2 hrs/Day VFR/100nm)	1.0
Solo Total	10.0	Flt Instn Cross Cntry (2 hrs/Night VFR/100nm)	1.0
Solo Cross Cntry Flts (300 nm/3 landing pts)	1.0	Flt Instn Hrs in Prep 60 Days Prior to Test	3.0

IV. Have you failed a test for this certificate or rating? [ ] Yes [X] No

V. Applicant's Certification – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant: MOHAMED NMN ATTA *Mohamed Atta* Date: 12/21/2000

FAA Form 8710-1 (9-98) Supersedes Previous Edition (NSN 0052-00-012-0000) Applicant Number: 9181481530012210823 16 ACRA Supplies V8.02

15 Oct 35 / 4/1/20 3

NC1A000010898

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature (Print Name & Sign)	Certificate No:	Certificate Expires
12/20/2000	THIERRY A LEKLOU	590190880CFI	09/30/2002

Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's Signature / Title

Designated Examiner or Airman Certification Representative Report

[ ] Student Pilot Certificate Issued (Copy attached)

[X] I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate or rating sought.

[ ] I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.

[X] I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.

[X] Approved - Temporary Certificate Issued (Original Attached) [ ] Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test: Ground	Simulator/FTD (SIM) (FTD)	Flight
VNC VENICE, FL	1.30		1) 1.30 2)

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
COMMERCIAL, AMEL, INITIAL	1) PA-34-200T 2)	1) N759HA 2)

Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
12/21/2000	DAVID LESLIE WHITMAN	1505793	SO3500018	04/30/2001

Evaluator's Record (Use For ATP Rating and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	[ ]	[ ]		
Approved Simulator/Training Device Check	[ ]	[ ]		
Aircraft Flight Check	[ ]	[ ]		
Advanced Qualification Program	[ ]	[ ]		

Aviation Safety Inspector or Technician Report

I have personally tested the applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the results indicated below.

[ ] Approved - Temporary Certificate Issued (Original attached) [ ] Disapproved - Disapproval Notice Issued (Original attached)

Location of Test (Facility, City, State)	Duration of Test: Ground	Simulator/FTD (SIM) (FTD)	Flight
			1) 2)

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
	1) 2)	1) 2)

[ ] Student Pilot Certificate Issued
[ ] Examiner's Recommendation
[ ] ACCEPTED [ ] REJECTED
[ ] Reissue or Exchange of Pilot Certificate
[ ] Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330

[ ] Certificate or Rating Based on
[ ] Military Competence
[ ] Foreign License
[ ] Approved Course Graduate
[ ] Other Approved FAA Qualification Criteria

[ ] Flight Instructor
[ ] Renewal
[ ] Reinstatement
Instructor Renewal Based on
[ ] Activity [ ] Training Course
[ ] Test [ ] Duties and Responsibilities

[ ] Ground Instructor

Training Course (FIRC) Name	Graduation Certificate No.	Date

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office

Attachments:

[ ] Student Pilot Certificate (copy)
[X] Knowledge Test Report
[X] Temporary Airman Certificate
[ ] Notice of Disapproval
[X] Superseded Pilot Certificate

[X] Airmans Identification (ID)

Form of ID: STUDENT ID
Number: S 049 205.812.919
Expiration Date: NONE
Telephone Number:

ID: Name: ATTA, MOHAMED NMN
Date of Birth: 09/01/1968
Certificate Number: 2638990
Email Address:

TYPE OR PRINT ALL ENTRIES IN INK

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle)
Social Security Number
Certificate Number 2638990
Date Issued 12/21/2000

Permanent Mailing Address

U.S. Foreign

Street 516 W LAUREL RD
P.O.Box
City, State, Zip Code NOKOMIS , FL 34275

Address the applicant requests the certificate be sent to:

U.S. Foreign

Street 516 W LAUREL RD
P.O.Box
City, State, Zip Code NOKOMIS , FL 34275

Physical Description as entered:

FAA Form 8710-1 (7-95) Supersedes Previous Edition

ACRA Equivalent V2.02

CATS
Computer Assisted Testing Service
1-800-947-4228

Federal Aviation Administration
Airman Computer Test Report

EXAM TITLE: Commercial Pilot Airplane (CAX)

NAME: ATTA, MOHAMED 90121920001505216

ID NUMBER: 09011968 TAKE: 1

DATE: 12/19/2000 SCORE: 93 GRADE: Pass

- -

Knowledge area codes in which questions were answered incorrectly.
See appropriate Advisory Circular (AC) Knowledge Test Guide available via
the Internet: http://afs600.faa.gov/data/advisorycircular/ac60-25d.pdf
A single code may represent more than one incorrect response.

B09 H307 H66 I23 H342

EXPIRATION DATE: 12/31/2002

DO NOT LOSE THIS REPORT

- -

Authorized instructor's statement. (If applicable)

I have given Mr./Ms. _____ additional instruction in each subject area shown to be deficient and consider the applicant competent to pass the test.

Last _____ Initial _____ Cert. No. _____ Type _____
(Print clearly)

Signature _____

9 0 8 7 1 9 5 2

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

TEMPORARY AIRMAN CERTIFICATE

CERTIFICATE NO. 002637290
PENDING

THIS CERTIFICATE THAT
IV MOHAMED ATTA
V 516 W LAUREL RD
NOKOMIS, FL 34275

009957737

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI
09/01/1968	67 IN	146	BROWN	BROWN	M	EGYPT

IX has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

PRIVATE PILOT

RATINGS AND LIMITATIONS
XII AIRPLANE SINGLE ENGINE LAND
INSTRUMENT AIRPLANE

XIII AIRMAN'S SIGNATURE

THIS IS [ ] AN ORIGINAL ISSUANCE [X] A REISSUANCE OF THIS GRADE OF CERTIFICATE

DATE OF SUPERSEDED TEMPORARY CERTIFICATE 08/18/2000

BY DIRECTION OF THE ADMINISTRATOR

X DATE OF ISSUANCE 11/20/2000

SIGNATURE OF EXAMINER OR INSPECTOR
DAVID LESLIE WHITMAN 8038

EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO. 1805799 / 503000018

DATE DESIGNATION EXPIRES 04/30/2001

FAA FORM 8060-4 (9-79) USE PREVIOUS EDITION AGRA Software V2.02

390190880

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION – FEDERAL AVIATION ADMINISTRATION

TEMPORARY AIRMAN CERTIFICATE

III. CERTIFICATE NO
PENDING

THIS CERTIFIES THAT IV MOHAMED ATTA
V 516 WEST LAUREL ROAD
NOKOMIS, FL 34275

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI
09-01-68	67 IN	148	BROWN	BROWN	M	EGYPT

VII. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

PRIVATE PILOT

RATINGS AND LIMITATIONS
VIII. AIRPLANE SINGLE ENGINE LAND

XIII.
THIS IS A NEW ORIGINAL ISSUANCE ☐ A REISSUANCE OF THIS GRADE OF CERTIFICATE
DATE OF SUPERSEDED AIRMAN CERTIFICATE 07-24-2000

BY DIRECTION OF THE ADMINISTRATOR

X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	EXAMINER'S DESIGNATION NO. OR INSPECTOR'S BADGE NO.
09-18-2000	[illegible]	SO 3500016
		DATE DESIGNATION EXPIRES 06-2001

Mohamed Atta

FAA Form 8060-4 (8-79) USE PREVIOUS EDITION

TYPE OR PRINT ALL ENTRIES IN INK

0 1 3 7 1 9 3 4

Form Approved OMB No. 2120-0021

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

I. Application Information

[ ] Student [ ] Recreational [ ] Private [ ] Commercial [ ] Airline Transport [X] Instrument

[ ] Additional Rating [X] Airplane Single-Engine [ ] Airplane Multiengine [ ] Rotorcraft [ ] Balloon [ ] Airship [ ] Glider [ ] Powered lift

[ ] Flight Instructor [ ] Initial [ ] Renewal [ ] Reinstatement [ ] Additional Instructor Rating [ ] Ground Instructor

[ ] Medical Flight Test [ ] Reexamination [ ] Reissuance of _____ Certificate [ ] Other _____

A. Name (Last, First, Middle)	B. SSN (US Only)	C. Date of Birth (Month Day Year)	D. Place of Birth
ATTA , MOHAMED NMN.	DO NOT USE	09/01/1968	KAFR ELSHIKH EGYPT

E. Address	F. Citizenship	G. Do you read, speak, write, & understand the English language?
516 W LAUREL RD NOKOMIS, FL 34275	[ ] USA [X] Other EGYPT	[X] Yes [ ] No

H. Height	I. Weight	J. Hair	K. Eyes	L. Sex
67.00 in.	148.00 Lbs.	BROWN	BROWN	[X] Male [ ] Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate?	N. Grade Pilot Certificate	O. Certificate Number	P. Date Issued
[X] Yes [ ] No	PRIVATE PILOT	PENDING	9/18/2000

Q. Do you hold a Medical Certificate?	R. Class of Certificate	S. Date Issued	T. Name of Examiner
[X] Yes [ ] No	THIRD CLASS MEDICAL	07/14/2000	A DROBA

U. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? [ ] Yes [X] No

V. Date of Final Conviction

II. Certificate or Rating Applied For on Basis of:

[X] A. Completion of Required Test — 1. Aircraft to be used: 1.) PA-28-161 2.) — 2a. Total Time in this aircraft (SIM/FTD): 1.) 95.20 (SIM) 2.) (FTD) hours — 2b. Pilot in Command: 1.) 95.20 2.) hours

[ ] B. Military Competence Obtained in — 1. Service — 2. Date Rated — 3. Rank or Grade and Service Number — 4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft — 4b. US Military PIC & Instrument check

[ ] C. Graduate of Approved Course — 1. Name and Location of Training Agency or Training Center — 1a. Certification Number — 2. Curriculum From Which Graduated — 3. Date

[ ] D. Holder of Foreign License Issued By — 1. Country — 2. Grade of License — 3. Number — 4. Ratings

[ ] E. Completion of Air Carrier's Approved Training Program — 1. Name of Air Carrier — 2. Date — 3. Which Curriculum: [ ] Initial [ ] Upgrade [ ] Transition

III. RECORD OF PILOT TIME

Flight Time		Simulator/Training Device/PCATD	
Cross Country as PIC - All Aircraft	57.7	Total SIM - 61	0.0
Cross Country - Airplanes	57.7	Total FTD - 61	0.0
Simulated/Actual Aircraft Instrument	61.2	Total SIM - 142	0.0
Flight Instruction		Total FTD - 142	0.0
Instrumet Instruction (In category)	42.4	Total PCATD(In accordance with AC61-126)	0.0
Hours in Prep 60 Days Prior/Test	3.0	Total Flight Instruction	61.2
# of Cross Country Flights	1		

IV. Have you failed a test for this certificate or rating? [ ] Yes [X] No

V. Applicant's Certification – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant MOHAMED NMN ATTA Mohamed Atta Date 11/20/2000

FAA Form 8710-1 (9-98) Supersedes Previous Edition (NSN 0052-00-682-0000) Applicant Number 2232482180011200800044 AORA Equivalent V1.00

0250 3314 2/ D 3 Pinsta

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Certificate Expires
11/17/2000	THIERRY A LEKLOU	590190880CFI	09/30/2002

Air Agency's Recommendation

This applicant has successfully completed our course, and is recommended for certification or rating without further test.

Date	Agency Name and Number	Official's Signature / Title

Designated Examiner or Airman Certification Representative Report

[ ] Student Pilot Certificate Issued (Copy attached)

[X] I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate or rating sought.

[ ] I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.

[X] I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.

[X] Approved - Temporary Certificate Issued (Original Attached) [ ] Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test: Ground	Simulator/FTD (SIM) (FTD)	Flight
VENICE, FL	1.40		1) 1.50 2)

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
INSTRUMENT , ASE , INITIAL	1) PA-28-181 2)	1) N555HA 2)

Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
11/20/2000	DAVID LESLIE WHITMAN	1505793	SO3500018	04/30/2001

Evaluator's Record (Use For ATP Rating and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	[ ]	[ ]		
Approved Simulator/Training Device Check	[ ]	[ ]		
Aircraft Flight Check	[ ]	[ ]		
Advanced Qualification Program	[ ]	[ ]		

Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the results indicated below.

[ ] Approved - Temporary Certificate Issued (Original attached) [ ] Disapproved - Disapproval Notice Issued (Original attached)

Location of Test (Facility, City, State)	Duration of Test: Ground	Simulator/FTD (SIM) (FTD)	Flight
			1) 2)

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
	1) 2)	1) 2)

[ ] Student Pilot Certificate Issued
[ ] Examiner's Recommendation
[ ] ACCEPTED [ ] REJECTED
[ ] Reissue or Exchange of Pilot Certificate
[ ] Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330

[ ] Certificate or Rating Based on
[ ] Military Competence
[ ] Foreign License
[ ] Approved Course Graduate
[ ] Other Approved FAA Qualification Criteria

[ ] Flight Instructor [ ] Ground Instructor
[ ] Renewal
[ ] Reinstatement
Instructor Renewal Based on
[ ] Activity [ ] Training Course
[ ] Test [ ] Duties and Responsibilities

Training Course (FIRC) Name	Graduation Certificate No.	Date

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office

Attachments:

[ ] Student Pilot Certificate (copy)
[X] Knowledge Test Report
[X] Temporary Airman Certificate
[ ] Notice of Disapproval
[X] Superseded Pilot Certificate

[X] Airmans Identification (ID)

STUDENT ID
Form of ID
S 049 205 812 919
Number
Expiration Date
Telephone Number

ID:
Name: ATTA , MOHAMED NMN.
Date of Birth: 09/01/1968
Certificate Number: PENDING
Email Address:

ACRA Equivalent V2.02 U.S.G.P.O: 1989 J-700-380

NCTA000010905

9 0 1 7 1 9 3 6

TYPE OR PRINT ALL ENTRIES IN INK

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle)	ATTA , MOHAMED NMN.
Social Security Number	
Certificate Number	PENDING
Date Issued	11/20/2000

Permanent Mailing Address

U.S. Foreign

Street	516 W LAUREL RD
P.O.Box	
City, State, Zip Code	NOKOMIS , FL 34275

Address the applicant requests the certificate be sent to:

U.S. Foreign

Street	516 W LAUREL RD
P.O.Box	
City, State, Zip Code	NOKOMIS , FL 34275

Physical Description as entered:

CATS
Computer Assisted Testing Service
1-800-947-4228

Federal Aviation Administration
Airman Computer Test Report

EXAM TITLE: Instrument Rating-Airplane (IRA)

NAME: ATTA, MOHAMED 90110620004207826

ID NUMBER: 09011968 TAKE: 1

DATE: 11/06/2000 SCORE: 90 GRADE: Pass

- -

Knowledge area codes in which questions were answered incorrectly.
See appropriate Advisory Circular (AC) Knowledge Test Guide available via the Internet: http://afs600.faa.gov/data/advisorycircular/ac60-25d.pdf
A single code may represent more than one incorrect response.

I56 I08 J06 I07 J33

EXPIRATION DATE: 11/30/2002

DO NOT LOSE THIS REPORT

- -

Authorized instructor's statement. (If applicable)

I have given Mr./Ms. _____ additional instruction in each subject area shown to be deficient and consider the applicant competent to pass the test.

Last _____ Initial _____ Cert. No. _____ Type _____
(Print clearly)

Signature _____

9 0 5 3 3 3 4 0

0026 38990

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

TEMPORARY AIRMAN CERTIFICATE

CERTIFICATE NO.
PENDING

THIS CERTIFIES THAT
MOHAMED ATTA
516 WEST LAUREL ROAD
NOKOMIS, FL 34275

(F)

999577317

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY
09/01/1968	67	148	BROWN	BROWN	M	EGYPT

has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of
PRIVATE PILOT

RATINGS AND LIMITATIONS
AIRPLANE SINGLE ENGINE LAND

THIS IS A	AN ORIGINAL ISSUANCE	A REISSUANCE OF THIS	DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE			

BY DIRECTION OF THE ADMINISTRATOR

DATE OF ISSUANCE	SIGNATURE OF FAA DISTRICT INSPECTOR	EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.
09/18/2000	WALTER BRADSHAW	SO3600016
		DATE DESIGNATION EXPIRES 06/30/2001

FAA FORM 8060-3 (9-79) USE PRECEDING EDITION

ACRA Examiner

Issue

SIGNATURE OF HOLDER

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No. 2120-0021

US Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I. Application Information ☐ Student ☐ Recreational ☒ Private ☐ Commercial ☐ Airline Transport ☐ Instrument
☐ Additional Aircraft Rating ☒ Airplane Single-Engine ☐ Airplane Multiengine ☐ Rotorcraft ☐ Glider ☐ Lighter-Than-Air
☐ Flight Instructor ____ Initial ____ Renewal ____ Reinstatement ☐ Additional Instructor Rating ☐ Ground Instructor
☐ Medical Flight Test ☐ Reexamination ☐ Reissuance of ____ Certificate ☐ Other ____

A. Name (Last, First, Middle)	B. SSN (US Only)	C. Date of Birth Mo. Day Year	D. Place of Birth
ATTA MOHAMED MAH	NONE	04 01 63	EGYPT KAFRELSHIEKH

E. Address (Please See Instructions Before Completing)	F. Nationality (Citizenship) Specify	G. Do you read, speak and understand English?
516 W. LAUREL Rd	☐ USA ☒ Other EGYPT	☒ Yes ☐ No

City, State, Zip Code	H. Height	I. Weight	J. Hair	K. Eyes	L. Sex
NOKOMIS - FL 34275	67 in.	148 Lbs	BROWN	BROWN	☒ Male ☐ Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate?	N. Grade Pilot Certificate	O. Certificate Number	P. Date Issued
☒ Yes ☐ No	STUDENT	1409543	07-24-00

Q. Do you hold a Medical Certificate?	R. Class of Certificate	S. Date Issued	T. Name of Examiner
☒ Yes ☐ No	THIRD	07-24-00	ARTHUR R. DROBA

U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances ☐ Yes ☒ No — V. Date of Final Conviction

W. Glider or Free Balloon Pilots only: *Medical Statement: I have no known physical defect which makes me unable to pilot a glider or free balloon.* Signature — X. Date

II. Certificate or Rating Applied For on Basis of:

☒ **A. Completion of Required Test** — 1. Aircraft to be used (if flight test required): CESSNA 150 — 2a. Total time in this aircraft: 57.4 hours — 2b. Pilot in command: 19.5 hours

☐ **B. Military Competence Obtained in** — 1. Service — 2. Date Rated — 3. Rank or Grade and Service Number — 4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft.

☐ **C. Graduate of Approved Course** — 1. Name and Location of Training Agency or Training Center — 1a. Certification Number — 2. Curriculum From Which Graduated — 3. Date

☐ **D. Holder of Foreign License Issued By** — 1. Country — 2. Grade of License — 3. Number — 4. Ratings

☐ **E. Completion of Air Carrier's Approved Training Program** — 1. Name of Air Carrier — 2. Date — 3. Which Curriculum ☐ Initial ☐ Upgrade ☐ Transition

III. Record of Pilot time *(Do not write in the shaded areas.)*

	Total	Instruction Received	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instruction Received	Night Take-off/Landing	Night Pilot in Command	Night Take-off/Landing Pilot in Command	Number of Flights	Number of Auto-Tows	Number of Ground Launches	Number of Powered Launches	Number of Flights
Airplanes	69.1	50.9	13.5	19.5		9.8	5.0	5.0	3.1	5.5	17							
Rotorcraft																		
Gliders																		
Lighter than Air																		
Training Device Simulator									4.9									

IV. Have you failed a test for this certificate or rating? ☐ Yes ☒ No — **Within the Past 30 days?** ☐ Yes ☒ No

V. Applicant's Certification — I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant: Mohamed Atta — Date: 9-8-2000

FAA Use Only

ETMP	MEQ	D.O.	SEAL	CON	ISS	ACT	LEV	TR	S.N.	SACH	RATE	RATING (1)						
19	803	5		4	1			3										

FAA Form 8710-1 (7-95) Supersedes Previous Edition — NSN: 0052-00-682-5000

NCTA000010909

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature	Certificate No.	Certificate Expires
08/04/00	[illegible]	2158054UC	04/02

Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's Signature / Title

Designated Examiner's Report

☐ Student Pilot Certificate Issued *(Copy attached)*

☒ I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought.

☐ I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.

☒ I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below:

☒ Approved—Temporary Certificate Issued *(Copy Attached)*

☐ Disapproved—Disapproval Notice Issued *(Copy Attached)*

Location of Test *(Facility, City, State)*	Duration of Test: Ground	Simulator	Flight
Charlotte County Airport, FL	1.7	0	1.0

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
Private Pilot - ASEL	C-150	N231HA

Date	Examiner's Signature	Certificate No.	Designation No.	Designation Expires
09/18/2000	[illegible]	1625269	[illegible]	06-2001

Evaluator's Record For Airline Transport Certificate/Rating Only

	Inspector	Examiner	Signature	Date
Oral	☐	☐		
Approved Simulator/Training Device Check	☐	☐		
Aircraft Flight Check	☐	☐		
Advanced Qualification Program	☐	☐		

Inspector's Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below:

☐ Approved—Temporary Certificate Issued ☐ Disapproved—Disapproval Notice Issued

Location of Test *(Facility, City, State)*	Duration of Test: Ground	Simulator	Flight

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)

☐ Student Pilot Certificate Issued
☐ Examiner's Recommendation
☐ ACCEPTED ☐ REJECTED
☐ Reissue or Exchange of Pilot Certificate
☐ Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130

☐ Certificate or Rating Based on
☐ Military Competence
☐ Foreign License
☐ Approved Course Graduate
☐ Other Approved FAA Qualification Criteria
☐ Certificate Issued
☐ Certificate Denied

☐ Instructor ☐ Flight ☐ Ground
☐ Renewal ☐ Approved
☐ Reinstatement ☐ Disapproved

Instructor Renewal Based on:
☐ Activity ☐ Training Course
☐ Acquaintance ☐ Test

Training Course (FIRC) Name	Graduation Certificate No.	Date

Date	Inspector's Signature	FAA District Office

Attachments:

☐ Student Pilot Certificate (copy)
☒ Report of Written Examination
☒ Temporary Pilot Certificate (copy)
☒ Airmans Identification (ID)
Form of ID: ESVPT PA
Number: 1615066
Expiration Date: 5-7-2007
☐ Notice of Disapproval
☐ Superseded Pilot Certificate
☐ Answer Sheet Graded
☐ Answer Sheet Graded (Foreign Instrument)

FAA Form 8710-1 (7-95) Supersedes Previous Edition

216+2.1

NCTA000010910

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No: 2120-0021

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I Application Information [ ] Student [ ] Recreational [X] Private [ ] Commercial [ ] Airline Transport [ ] Instrument
[ ] Additional Aircraft Rating [X] Airplane Single-Engine [ ] Airplane Multiengine [ ] Rotorcraft [ ] Glider [ ] Lighter-Than-Air
[ ] Flight Instructor [ ] Initial [ ] Renewal [ ] Reinstatement [ ] Additional Instructor Rating [ ] Ground Instructor
[ ] Medical Flight Test [ ] Reexamination [ ] Reissuance of _____ Certificate Other _____

A. Name (Last, First, Middle)	B. SSN (US Only)	C. Date of Birth (Mo. Day Year)	D. Place of Birth
ATTA , MOHAMED		09/01/1968	KAFRELSHIEKH EGYPT

E. Address (Please See Instructions Before Completing)	F. Nationality (Citizenship) Specify	G. Do you read, speak, and understand English?
516 WEST LAUREL ROAD NOKOMIS, FL 34275	[ ] USA [X] Other EGYPT	[X] Yes [ ] No

H. Height	I. Weight	J. Hair	K. Eyes	L. Sex
67.00 in.	148.00 Lbs.	BROWN	BROWN	[X] Male [ ] Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? [ ] Yes [X] No	N. Grade Pilot Certificate	O. Certificate Number	P. Date Issued

Q. Do you hold a Medical Certificate? [X] Yes [ ] No	R. Class of Certificate	S. Date Issued	T. Name of Examiner
	3rd class medical	07/24/2000	A.R.DROBA

U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? [ ] Yes [X] No — V. Date of Conviction

W. Glider or Free Balloon Pilots only:	Medical Statement: I have no known physical defect which makes me unable to pilot a glider or free balloon.	Signature	X. Date

II Certificate or Rating Applied For on Basis of:

[X] A. Completion of Required Test — 1. Aircraft to be used (if flight test required): C-150 — 2a. Total Time in this aircraft: 57.00 — 2b. Pilot in Command

[ ] B. Military Competence Obtained in — 1. Service — 2. Date Rated — 3. Rank or Grade and Service Number — 4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft

[ ] C. Graduate of Approved Course — 1. Name and Location of Training Agency or Training Center — 1a. Certification Number — 2. Curriculum From Which Graduated — 3. Date

[ ] D. Holder of Foreign License Issued By — 1. Country — 2. Grade of License — 3. Number — 4. Ratings

[ ] E. Completion of All Carrier's Approved Training Program — 1. Name of Carrier — 2. Date — 3. Which Curriculum [ ] Initial [ ] Upgrade [ ] Transition

III Record of Pilot time

Flt Time-All Categories Total	67.0	Solo Airplane Total	18.0
Flt Time-All Categories Flight Instn	50.0	Solo Airplane Cross Country	5.0
Flt Time - All Categories Solo	12.0	Solo Airpln # Flgts (150 nm/3 landing pts)	1.0
Instn Airplane Cross Country	8.0	Solo Airplane TO/L	29.0
Instn Airplane Night	5.0	Simulator/Training Device Total	0.0
Instn Airplane Night/Cross Cntry Flts 100nm	1.0		
Instn Airplane Night TO/L	17.0		
Instn Airplane Instrument	3.0		
Instn Airpln Hrs in Prep 60 Days Prior/Test	9.0		

IV Have you failed a test for this certificate or rating? [ ] Yes [X] No — Within the Past 36 days? [ ] Yes [ ] No

FAA Form 8710-1 (7-93) Supersedes Previous Edition — ACKA EQUIVALENT

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test

Date	Instructor's Signature	Certificate No	Certificate Expires
09/08/2000	ERIN M. SCHIERLOOR	2158054 25CFI	03/31/2002

Air Agency's Recommendation

This applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's Signature / Title

Designated Examiner's Report

[ ] Student Pilot Certificate Issued *(Copy attached)*

[X] I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought

[ ] I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.

[X] I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.

[X] Approved - Temporary Certificate Issued *(Copy Attached)*

[ ] Disapproved - Disapproval Notice Issued *(Copy Attached)*

Test Type	Location of Test *(Facility, City, State)*	Duration of Test: Ground	Simulator	Flight
Oral	CHARLOTTE COUNTY AIRPORT			
Simulator				
Training Device				
Flight	CHARLOTTE COUNTY AIRPORT	1.00		1.00

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
Private ASE Initial	C-150	N234HA

Test Type	Date	Examiner's Signature	Certificate No.	Designation No.	Designation Expires
Oral	09/18/2000	BRADSHAW WALTER A	1625050	SO3500016	06/30/2001
Simulator					
Training Device					
Flight	09/18/2000	BRADSHAW WALTER A		SO3500016	06/30/2001

Evaluator's Record For Airline Transport Certificate/Rating Only

	Inspector	Examiner	Signature	Date
Oral	[ ]	[ ]		
Approved Simulator/Training Device Check	[ ]	[ ]		
Aircraft Flight Check	[ ]	[ ]		
Advanced Qualification Program	[ ]	[ ]		

Inspector's Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.

[ ] Approved - Temporary Certificate Issued [ ] Disapproved - Disapproval Notice Issued

Test Type	Location of Test *(Facility, City, State)*	Duration of Test: Ground	Simulator	Flight
Oral				
Simulator				
Training Device				
Flight				

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)

[ ] Student Pilot Certificate issued
[ ] Examiner's Recommendation
[ ] ACCEPTED [ ] REJECTED
[ ] Reissue or Exchange of Pilot Certificate
[ ] Special medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-130

[ ] Certificate or Rating Based on
[ ] Military Competence
[ ] Foreign License
[ ] Approved Course Graduate
[ ] Other Approved FAA Qualification Criteria
[ ] Certificate Issued
[ ] Certificate Denied

[ ] Instructor [ ] Flight [ ] Ground
[ ] Renewal [ ] Approved
[ ] Reinstatement [ ] Disapproved
Instructor Renewal Based on
[ ] Activity [ ] Training Course
[ ] Acquaintance [ ] Test

Training Course (FIRC) Name	Graduation Certificate No.	Date

Test Type	Date	Inspector's Signature	FAA District Office
Oral			
Simulator			
Training Device			
Flight			
Other (Signoff)			

Attachments:

[ ] Student Pilot Certificate (copy)
[X] Report of Written Examination
[X] Temporary Pilot Certificate (copy)

[X] Airmans Identification (ID)
EGYPT PP
Form of ID
1617066
Number
: 09/01/1968)

[ ] Notice of Disapproval
[ ] Superseded Pilot Certificate
[ ] Answer Sheet Graded
[ ] Answer Sheet Graded (Foreign Language)

ACRA Equivalent (ATTA , MOHAMED

NCTA000010912

9 0 5 2 2 2 6 4

CATS
Computer Assisted Testing Service
1-800-947-4228

Federal Aviation Administration
Airman Computer Test Report

EXAM TITLE: Private Pilot-Airplane (PAR)

NAME: ATTA, MOHAMED 90081420004604592

ID NUMBER: 09011968 TAKE: 1

DATE: 08/14/2000 SCORE: 97 GRADE: Pass

Knowledge area codes in which questions were answered incorrectly.
See appropriate Advisory Circular (AC) Knowledge Test Guide available via the Internet: http://afs600.faa.gov/data/advisorycircular/ac60-25d.pdf
A single code may represent more than one incorrect response.

H307 H312

EXPIRATION DATE: 08/31/2002

DO NOT LOSE THIS REPORT

Authorized instructor's statement. (If applicable)

I have given Mr./Ms. _____ additional instruction in each subject area shown to be deficient and consider the applicant competent to pass the test.

Last _____ Initial _____ Cert. No. _____ Type _____
(Print clearly)

Signature _____

DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF TRUE COPY

I HEREBY CERTIFY that the attached is a true copy of the original

medical record of **MOHAMED ATTA** dated July 24, 2000,

file in the Aerospace Medical Certification Division
that I am the legal custodian thereof.

Signed and dated at Oklahoma City, Oklahoma

this 25th day of April, 2002

by JERRY K BOWEN
Supervisor, Medical Records Section
Aerospace Medical Certification Division
(Title)
Civil Aerospace Medical Institute

****

I HEREBY CERTIFY that JERRY K BOWEN

si d the foregoing certificate is now, and was, at the time of signing
lega stodian of the aforesaid records,

a that faith and credit should be given his certificate as such.

IN WITNESS WHEREOF, I have hereunto subscribed

my name and caused the seal of the Department of

Transportation to be affixed this 25th

day of April, 2002

at Oklahoma City, Oklahoma

WARREN S. SILBERMAN, D.O., M.P.H.
(Signature)

Manager, Aerospace Medical Certification Division
(Title)

Civil Aerospace Medical Institute
Department of Transportation

Form DOT F 2100 (9-69)

NCTA000010914

AUG 10 2000 Transmitted

Applicant Must Complete ALL 20 Items (Except For Shaded Areas) PLEASE PRINT

Form Approved OMB NO. 2120-0034

FF-143543

CERTIFICATE CLASS

STUDENT PILOT CERTIFICATE

Name and address

Date of Birth	Height	Weight	Hair	Eyes	Sex

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

Date of Examination | Examiner's Designation No.

Signature

Typed Name

AIRMAN'S SIGNATURE Mohamed Atta

1. Application For: ☐ Airman Medical Certificate ☒ Airman Medical and Student Pilot Certificate

2. Class of Medical Certificate Applied For: ☐ 1st ☐ 2nd ☒ 3rd

3. Last Name: ATTA First Name: MOHAMED Middle Name:

4. Social Security Number: – –

5. Address: 516 W. LAUREL RD. Telephone Number: 941 685-0468

Number / Street

City: NOKOMIS State / Country: FL. Zip Code: 34275

6. Date of Birth: 09 01 1968 (MM / DD / YYYY) 7. Color of Hair: BROWN 8. Color of Eyes: BROWN 9. Sex: M.

Citizenship: EGYPTIAN

10. Type of Airman Certificate(s) You Hold:

☒ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreational
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation: STUDENT 12. Employer:

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? ☐ Yes ☒ No If yes, give date MM / DD / YYYY

Total Pilot Time (Civilian Only) 14. To Date: 15.9 LOG. 15. Past 6 months: 5.1

16. Date of Last FAA Medical Application MM / DD / YYYY ☒ No Prior Application

17.a. Do You Currently Use Any Medication (Prescription or Nonprescription)? ☒ No ☐ Yes (If yes, below list medication(s) used and check appropriate box).

	Previously Reported Yes	No
	☐	☐
	☐	☐
	☐	☐

(If more space is required, use 17.a. on the instruction sheet).

17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying? ☐ Yes ☒ No

18. Medical History – HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note " PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
a. ☐	☒	Frequent or severe headaches	g. ☐	☒	Heart or vascular trouble	m. ☐	☒	Mental disorders of any sort; depression, anxiety, etc.	r. ☐	☒	Military medical discharge
b. ☐	☒	Dizziness or fainting spell	h. ☐	☒	High or low blood pressure	n. ☐	☒	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years.	s. ☐	☒	Medical rejection by military service
c. ☐	☒	Unconsciousness for any reason	i. ☐	☒	Stomach, liver, or intestinal trouble	o. ☐	☒		t. ☐	☒	Rejection for life or health insurance
d. ☐	☒	Eye or vision trouble except glasses	j. ☐	☒	Kidney stone or blood in urine	p. ☐	☒	Alcohol dependence or abuse	u. ☐	☒	Admission to hospital
e. ☐	☒	Hay fever or allergy	k. ☐	☒	Diabetes	q. ☐	☒	Suicide attempt	x. ☒	☐	Other illness, disability, or surgery
f. ☐	☒	Asthma or lung disease	l. ☐	☒	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.		☒	Motion sickness requiring medication			APPENDISITES

Conviction and/or Administrative Action History – See Instructions Page

Yes	No		Yes	No	
v. ☐	☒	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	w. ☐	☒	History of nontraffic conviction(s) (misdemeanors or felonies).

Explanations: See Instructions Page

FOR FAA USE Review Action Codes

19. Visits to Health Professional Within Last 3 Years. ☒ Yes (Explain Below) ☐ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason
06.10.99	DENTIST, GERMANY	FILLING
03.15.00	GENERAL PHISICIAN, GERMANY	COUGH

— NOTICE —

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to $250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

20. Applicant's National Driver Register and Certifying Declarations

I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.

NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant Mohamed Atta Date 07 12 2000 (MM / DD / YYYY)

FAA Form 8500-8 (3-99) Supersedes Previous Edition

NSN: 0052-00-670-8002

NCTA000010915

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED.

REPORT OF MEDICAL EXAMINATION

[illegible]	22. Weight (pounds)	23. Statement of Demonstrated Ability (SODA) ☐ YES ☐ NO Defect Noted:	24. SODA Serial Number

CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN	Normal	Abnormal
[illegible] Head, face, neck, and scalp			37. Vascular system (Pulse, amplitude and character; arms, legs, others)		
[illegible] Nose			38. Abdomen and viscera (Including hernia)		
[illegible] Sinuses			39. Anus (Not including digital examination)		
[illegible] Mouth and throat			40. Skin		
29. Ears, general (Internal and external canals; Hearing under Item 49)			41. G-U system (Not including pelvic examination)		
30. Ear Drums (Perforation)			42. Upper and lower extremities (Strength and range of motion)		
31. Eyes, general (Vision under Items 50 to 54)			43. Spine, other musculoskeletal		
32. Ophthalmoscopic			44. Identifying body marks, scars, tattoos (Size & location)		
33. Pupils (Equality and reaction)			45. Lymphatics		
34. Ocular motility (Associated parallel movement, nystagmus)			46. Neurologic (Tendon reflexes, equilibrium; senses, cranial nerves, coordination, etc.)		
35. Lungs and chest (Not including breast examination)			47. Psychiatric (Appearance, behavior, mood, communication, and memory)		
36. Heart (Precordial activity, rhythm, sounds, and murmurs)			48. General systemic		

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

49. Hearing	Record Audiometric Speech Discrimination Score Below		Right Ear					Left Ear				
Conversational Voice Test at 6 Feet ☐ Pass ☐ Fail		Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000

50. Distant Vision	51.a. Near Vision	51.b. Intermediate Vision – 32 Inches	52. Color Vision
Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	Right 20/ Corrected to 20/	☐ Pass
Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	Left 20/ Corrected to 20/	☐ Fail
Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	Both 20/ Corrected to 20/	

53. Field of Vision	54. Heterophoria 20' (In prism diopters)	Esophoria	Exophoria	Right Hyperphoria	Left Hyperphoria
☐ Normal ☐ Abnormal					

55. Blood Pressure (Sitting, mm of Mercury) Systolic / Diastolic	56. Pulse (Resting)	57. Urinalysis (If abnormal, give results) ☐ Normal ☐ Abnormal	Albumin	Sugar	58. ECG (Date) M M D D Y Y Y Y
/					

59. Other Tests Given

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

FOR FAA USE
Pathology Codes:
Coded By:
Clerical Reject

Significant Medical History ☐ YES ☐ NO Abnormal Physical Findings ☐ YES ☐ NO

61. Applicant's Name

62. Has Been Issued — ☐ Medical Certificate ☐ Medical & Student Pilot Certificate
☐ No Certificate Issued — Deferred for Further Evaluation
☐ Has Been Denied — Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects (List by item number)

64. Medical Examiner's Declaration – I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Date of Examination M M D D Y Y Y Y	Aviation Medical Examiner's Name	Aviation Medical Examiner's Signature
	Street Address	
	City State Zip Code	AME Serial Number
		AME Telephone ( )

FAA Form 8500-8 (3-99) Supersedes Previous Edition

NSN: 0052-00-670-6002

NCTA000010916

Appl. ID: 1999252145 1. Appl. for: [] Airman Med. Cert. [X] Airman Med. and Student Pilot Cert.

Applied []1st[]2nd[X]3rd 3. Last: ATTA First: MOHAMED Middle: 4. SSN: 999-57-7317

LAUREL RD City: NOKOMIS St.: FL / Cou.: USA Zip: 34275 Tel.:

Citizenship: 7. Hair Clr.: BROWN 8. Eye Clr.: BROWN 9. Sex: male

Certificate(s) You Hold: [X] None [] Student [] Other

[] ATC Specialist [] Flight Instructor [] Recreational

[] Flight Navigator [] Flight Engineer [] Private

STUDENT 12. Employer:

Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or revoked? []Yes[X]No If yes, give Date:

Time (Civilian Only) 14. To Date: 15 15. Past 6 months: 15 16. Last FAA Med. App. Date: [X] No Prior App.

Do You Currently Use Any Meds. (Prescription or Nonprescription)? [X]No[]Yes (If yes, list medication(s) used below.) Prev. Reported

Do You Ever Use Near Vision Contact Lens(es) While Flying? []Yes[X]No

Medical History – HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?

Answer "yes" or "no" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition.

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
a Frequent or severe headaches	[]	g Heart or vascular	[]	m Mental disorders of any sort;	[]	r Military medical	[]
b Dizziness or fainting spell	[]	h High or low blood	[]	n Substance dependence or failed	[]	s Medical rejection by	[]
c Unconsciousness for any	[]	i Stomach, liver, or	[]	o Alcohol dependence or abuse	[]	t Rejection for life or	[]
d Eye or vision trouble, except	[]	j Kidney stone or	[]	p Suicide attempt	[]	u Admission to hospital	[]
e Hay fever or allergy	[]	k Diabetes	[]	q Motion sickness requiring	[]	x Other illness, or	[X]
f Asthma or lung diseases	[]	l Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.					[]

Conviction and/or Administrative Action History Yes

v History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program. []

w Non-traffic conviction(s) (misdemeanors or felonies). []

Explanations:

Visits to Health Professional Within Last 3 Years

Date	Name	Street	City	St	Zip	Country	Type	Reason

20. Applicant's National Driver Register and Certifying Declarations: Date: 07/24/2000

REPORT OF MEDICAL EXAMINATION

21. Height (Inches) 87 22. Weight (lbs) 148 23. Statement of Demonstrated Ability (SODA) lbISODA 24. SODA Serial Number

Check Each Item in Appropriate Column	Abnorm / Norm	Check Each Item in Appropriate Column	Abnorm / Norm
25. Head, Face, Neck, and Scalp	X	37. Vascular system	X
26. Nose	X	38. Abdomen and viscera (including hernia)	X
27. Sinuses	X	39. Anus (Not including digital examination)	X
28. Mouth and throat	X	40. Skin	X
29. Ears, general (internal and external canals; hearing under item 49)	X	41. G-U system (Not including pelvic examination)	X
		42. Upper and lower extremities (Strength and range of	X
30. Ear drums (Perforation)	X		
31. Eyes, general (Vision under item 50 to 54)	X	43. Spine, other musculoskeletal	X
32. Ophthalmoscopic	X	44. Identifying body marks, scar, tattoos (Size and	X
33. Pupils (Equality and reaction)	X		
34. Ocular motility (Associated parallel movement,	X	45. Lymphatics	X
		46. Neurologic (Tendon reflexes, equilibrium, senses,	X
35. Lungs and chest (Not including breast examination)	X		
		47. Psychiatric (Appearance, behavior, mood, comm.,	X
36. Hear (Precordial activity, rhythm, sounds, and	X		
		48. General systemic	X

NOTES: Describe every abnormality in detail. Enter applicable item nbr before each comment.

NCTA000010917

Conversational Voice Test at 6 feet [X]Pass[]Fail Record Audiometric Speech Discnmination Score

Right Ear					Left Ear				
500	1000	2000	3000	4000	500	1000	2000	3000	4000

Distant Vision		51.a. Near Vision		51.b. Intermediate Vision - 32 inches		52. Color Vision
Right 20/ 20	Corrected to 20/	Right 20/ 20	Corrected to 20/	Right 20/	Corrected to 20/	[X] Pass
Left 20/ 20	Corrected to 20/	Left 20/ 20	Corrected to 20/	Left 20/	Corrected to 20/	[] Fail
Both 20/ 20	Corrected to 20/	Both 20/ 20	Corrected to 20/	Both 20/	Corrected to 20/	

53. Field of Vision [X]Normal[]Abnormal

54. Heterophoria 20' (in prism diopters) Esophoria Exophoria Right Hyperphoria Left Hyperphoria

55. Blood Pressure Sitting, mm	Systolic	Diastolic	56. Pulse (Resting)	57. Urinalysis (If abnormal, give results)	Albumin	Sugar	58. ECG (Date)
	130	80	72	[X]Normal []Abnormal			

59. Other Tests Given

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.).

18.x.)APPENDISITIS
2 1/2" APPENDECTOMY SCAR
X. APPENDECTOMY
Limitation 1:
None

Significant Medical History []Yes [X]No Abnormal Physical Findings []Yes [X]No

61. Applicant's Name
ATTA,MOHAMED

62. Has been Issued – []Med. Cert. [X]Med. and Student Pilot Cert.
[]No Certificate Issued – Deferred for Further Evaluation
[]Has Been Denied – Letter of Denial Issued (Copy attached)

63. Disqualifying Defects (list by item number)

64. Medical Examiner's Declaration – I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this

Date of Examination	Aviation Medical Examiner's Name	Certificate/Form Nbr
7/24/2000	DROBA,ARTHUR R,	FF1409543

Street: 1020 HONORE AVENUE AME Serial Number: 19175
City: SARASOTA State: FL Zip: 34232-0000 AME Telephone: 941-377-6674

NCTA000010918

ATTA, MOHAMED SSN: 999577317 AppId: 1999252145 PI#:

[MROWLAND : 04/11/2002 8:59:32 AM]
7-24-00 EXAM. NO ACTIONS/CORRESPONDENCE SHOULD BE GENERATED WITHOUT CLEARANCE FROM DR. SILBERMAN.

[KHATCHER : 10/04/2001 10:29:26 AM]
AMC-730 REQUESTING CERTIFIED COPY OF FILE, REQUEST IS COMPLETE, SENDING TO SCANNING.

[LGAINES : 09/13/2001 10:40:11 AM]
Updated SSN to match CAIS, changed to 999-57-7317

DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF TRUE COPY

I HEREBY CERTIFY that the attached is a true copy of the original

medical record of **MOHAMED ATTA** dated July 24, 2000,

on file in the Aerospace Medical Certification Division
and that I am the legal custodian thereof

Signed and dated at Oklahoma City, Oklahoma

this 11th day of October , 20 01

by STEPHEN SMILEY
Acting Manager, Medical Systems Branch
Acting Supervisor, Medical Records Section
Aeromedical Certification Division
(Title)
Civil Aerospace Medical Institute

****

I HEREBY CERTIFY that STEPHEN SMILEY

who signed the foregoing certificate is now, and was, at the time of signing
the legal custodian of the aforesaid records,

and that full faith and credit should be given his certificate as such

IN WITNESS WHEREOF, I have hereunto subscribed

my name and caused the seal of the Department of

Transportation to be affixed this 11TH

day of October , 20 01

at Oklahoma City, Oklahoma

HENRY K BOREN D O
(Signature)

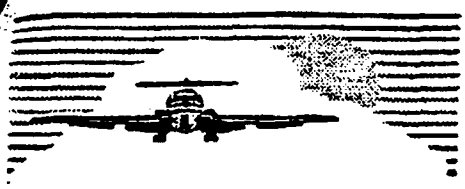
Acting Manager, Aeromedical Certification Division
(Title)

Civil Aerospace Medical Institute
Department of Transportation

AMC-730
Brenda Smith
4 page 8
N/C

Form DOT F 2100 1 (9-69)

NCTA000010920



FROM:

U.S. DEPARTMENT OF TRANSPORATION
FEDERAL AVIATION ADMINISTRATION
MIKE MONRONEY AERONAUTICAL CENTER
CIVIL AVIATION SECURITY DIVISION, AMC-700
P.O. BOX 25082
OKLAHOMA CITY, OK 73125

PRECEDENCE:

Action _____

Info _____

SECURITY CLASSIFICATION:

Class _____

Uncias _____

FOR INFORMATION CALL: *Special Agent Brenda L. Smith*

Phone Number: (405) 954-[redacted] 7628 Fax: (405) 954-4989

2001 OCT -1 A 6:48
OFFICE OF AVIATION MEDICINE OKLAHOMA CITY, OK

Date: 10/4/01

TO: Kay Hatcher

Fax #: x44300

~~Per our conversation, attached is the following information~~ on:

Please provide certified medicals on the following

~~If you need further assistance, please do not hesitate to call or fax!~~

Thanks Brenda

Page 1 of 7

THIS MATERIAL IS FOR LAW ENFORCEMENT PURPOSES ONLY *It is subject to the provisions of the Privacy Act, 5 U.S.C. 552a, and any release or reproduction must be made in conformity with that statute.*

U.S. Department of Transporation
Federal Aviation Administration

Memorandum

Subject: ACTION: Request for Certified Records of Airman Documents

Date: October 4, 2001

From: Manager, Compliance and Enforcement Branch, AMC-730

Reply to Attn. of: Brenda L. Smith, AMC-731
(405) 954-7628
Fax: (405) 954-4989

To: Manager, Medical Certification Branch, AAM-330

Please forward to this office a **certified copy** of the complete file concerning the airman listed below. A computer printout of the airman data is attached for reference.

NAME	SSN	Date of Birth
Mohamed ATTA	999-57-7317	09/01/1968

If there is no airmen information available, please prepare a diligent search. **Please expedite this request, these documents are needed as soon as possible.** We appreciate your assistance.

Brenda Smith

for Mark W. Sweeney