

MEDICAL CERTIFICATE THIRD CLASS

This certifies that (Full name and address):

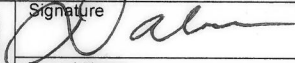
CHAD Adrian WACHTER
2032 West Harbor Drive
Bismarck ND 58504 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
04/30/1973	67	191	BROWN	BLUE	M

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

Limitations	Must have available glasses for near vision.

Date of Examination 03/24/2020	Examiner's Designation No. 000001728
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Examiner	Signature 
	Typed Name DALE A. KLEIN, MD

AIRMAN'S SIGNATURE 

Applicant ID: 2001908845	Control No.: 200009036318
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