UNITED STATES OF AMERICA

Department of Transportation

Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):

EDWARD Mignogna JAMES A-4 Cobblestone Dr Cicero NY 13039 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
10/18/1955	68	197	BROWN	GREEN	M

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

imitations

Must use corrective lens(es) to meet vision standards at all required distances.

Date of Examination

Examiner's Designation No.

000016766

11/13/2023

iner

Signature

.....

Typed Name
George Hampton , M

AIRMAN'S SIGNATURE

Applicant 49: 1997080416

Control No.: 200010781085

FAA Form 8500-9 (3-12) Supersedes Previous Edition

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