

IACRA information

Please fill out everything listed below.

General Information

First Name: _____

Middle Name: _____

Last Name: _____

Name Suffix (if applicable): _____

Date of Birth: _____

Sex: Male___ Female___

Hair Color: _____

Eye Color: _____

Weight (lbs.): _____

Height (inches): _____

Phone: _____

Email Address: _____

Citizenship

Citizenship Country: _____

City of Birth: _____

County of Birth: _____

Country of Birth: _____

State of Birth: _____

Residential Address: _____

City/State/ZIP: _____

Country: _____

Security Questions

Who was your childhood hero? _____

Who was your favorite childhood superhero? _____

IACRA Login Information

Username: _____

Password: _____

FTN Number: _____

Application Information

Do you read, speak, write, and understand the English language? Yes:___ No:___

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:___ No:___

Have you previously received a Notice of Disapproval or been denied for any reason for the certificate AND/OR rating for which you are applying? Yes:___ No:___

Have you ever held an FAA Pilot Certificate? Yes:___ No:___

If Yes: Certificate Number:_____

Date issued:_____

Do you CURRENTLY hold a medical certificate, or will you be applying under BasicMed? Yes:___ No:___

If Yes: Certificate Type: FAA:___ Military:___ BasicMed:___

Class of Medical Certificate: 1st Class:___ 2nd Class:___ 3rd Class:___

Date issued:_____

Name of Examiner:_____

Drivers License Information

Full Name on License:_____

Drivers License Number:_____

Date of Birth:_____

Expiration Date:_____

Address on License:_____

License State:_____

*****All Information given is confidential and held in your Buzz Air Folder to which you and Buzz Air have access to anytime.*****