Notification Letter	
Date:	
FEDERAL AVIATION ADMINISTRATION SECURITY & INVESTIGATIONS DIVISION (AMC-700) P. O. BOX 25810 OKLAHOMA CITY, OK 73125	
I submit the following information in compliance with Federal Aviation Regulation 14 CFR 61.15(e):	
1.	NAME: (Last Name, First Name, Middle Name or Initial)
2.	DATE OF BIRTH:
3.	CERTIFICATE #:
4.	ADDRESS: (Street Number/Name, Post Office Box, RFDetc.)
	(City, State, Zip Code)
5.	TELEPHONE NUMBER:
6.	TYPE OF VIOLATION: Alcohol Related Conviction (DUI, DWI, OUI, OWI, etc.) Alcohol Related Suspension/Revocation (Refuse to test, BAC* over legal limit,etc.)
7.	DATE OF ACTION:(Date of the Conviction or Administrative Action**)
8.	STATE HOLDING RECORD:
9.	DRIVER'S LICENSE NUMBER or ASSIGNED ID NUMBER IF NOT LICENSED IN THE STATE WHERE THE VIOLATION OCCURRED:
10.	STATEMENT: (Is this action related to a previously reported action or a separate arrest?)

(Signature)

^{*} Blood Alcohol Content

^{**}A Motor Vehicle Action is as **ANY** alcohol/drug related administrative action taken against a person's state driver's license-including suspensions, cancellations, revocations, or denials of a license to operate a motor vehicle, or conviction for an alcohol related motor vehicle offense.