



(b) (6)

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1. NATIONALITY AND REGISTRATION MARKS N33SR	2. MANUFACTURER AND MODEL BEECH 19A	3. AIRCRAFT SERIAL NUMBER MB443	4. CATEGORY NORMAL UTILITY
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5. AUTHORITY AND BASIS FOR ISSUANCE
This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein.
Exceptions:

NONE

6. TERMS AND CONDITIONS
Unless otherwise surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 23, 43, and 91 of the Federal Aviation Regulations, as applicable, and the aircraft is registered in the United States.

DATE OF ISSUANCE REPLACEMENT 06/17/69	FAA REPRESENTATIVE EDWIN WINTER	DESIGNATION AGL-GAD
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Alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000, or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
CERTIFICATE OF AIRCRAFT REGISTRATION


This certificate must be in the aircraft when operated.

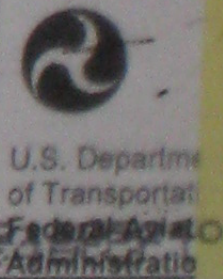
NATIONALITY AND REGISTRATION MARKS N 33SR	AIRCRAFT SERIAL NO. MB-443
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT BEECH 19A	
ICAO Aircraft Address Code: 50712426	

ISSUED TO	BYERS KEVIN P (b) (6)
	Individual

This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.

It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.

DATE OF ISSUE November 2, 2011	 ADMINISTRATOR
EXPIRATION DATE November 30, 2014	



DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
CERTIFICATE OF AIRCRAFT REGISTRATION

NATIONALITY AND

REGISTRATION MARKS N 335R

AIRCRAFT SERIAL NO.

MB-443

MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT

BEECH

19A

CAO Aircraft Address Code: 50712426

BYERS KEVIN P

(b) (6)

Individual

It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation, Title 49, United States Code

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
CERTIFICATE OF AIRCRAFT REGISTRATION

This certificate must be in the aircraft when operated.

NATIONALITY AND
REGISTRATION MARKS N 335R

AIRCRAFT SERIAL NO.
MB-443

MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT
BEECH 19A

ICAO Aircraft Address Code: 50712426

ISSUED TO

BYERS KEVIN P

(b) (6)

Individual

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U.S. Department of Transportation
Federal Aviation Administration

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DATE OF ISSUE November 2, 2011
EXPIRATION DATE November 30, 2014

[Signature]

ADMINISTRATOR



(b) (6)



(b) (6)

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) issued. **GG-0397408**

MEDICAL CERTIFICATE CLASS AND STUDENT PILOT CERTIFICATE

This certifies that (Full name and address):

Date of Birth: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: _____

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

Limitations

Date of Examination: _____ Examiner's Designation No.: _____

Examiner Signature: _____
Typed Name: _____

AIRMAN'S SIGNATURE

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: **BYERS** First Name: **KEVIN** Middle Name: **P**

4. Social Security Number: (b) (6)

5. Address: (b) (6)

City: (b) (6)

6. Date of Birth: (b) (6) Citizenship: _____

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: (b) (6)

13. Has Your FAA Airman Medical Certificate Ever Been Denied? (b) (6) If yes, give date: (b) (6)

14. Total Pilot Time (Civilian Only) To Date: **120 HRS** 15. Past 6 Months: **0**

16. Date of Last FAA Medical Application: **03 30 2009** No Prior Application

17. Do You Currently Use Any Medication (Prescription or Nonprescription)? (b) (6) (If yes, below list medication(s) used and check appropriate box.)

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
(b) (6)	(b) (6)	Frequent or severe headaches	(b) (6)	(b) (6)	Heart or vascular trouble	(b) (6)	(b) (6)	Mental disorders of any sort; depression, anxiety, etc.	(b) (6)	(b) (6)	Military medical discharge
(b) (6)	(b) (6)	Dizziness or fainting spell	(b) (6)	(b) (6)	High or low blood pressure	(b) (6)	(b) (6)	Substance dependence or failed drug test ever; or substance abuse or use of illegal substance in the last 2 years.	(b) (6)	(b) (6)	Medical rejection by military service
(b) (6)	(b) (6)	Unconsciousness for any reason	(b) (6)	(b) (6)	Stomach, liver, or intestinal trouble	(b) (6)	(b) (6)	Alcohol dependence or abuse	(b) (6)	(b) (6)	Rejection for life or health insurance
(b) (6)	(b) (6)	Eye or vision trouble except glasses	(b) (6)	(b) (6)	Kidney stone or blood in urine	(b) (6)	(b) (6)	Suicide attempt	(b) (6)	(b) (6)	Admission to hospital
(b) (6)	(b) (6)	Hay fever or allergy	(b) (6)	(b) (6)	Diabetes	(b) (6)	(b) (6)	Motion sickness requiring medication	(b) (6)	(b) (6)	Other illness, disability, or surgery
(b) (6)	(b) (6)	Asthma or lung disease	(b) (6)	(b) (6)	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	(b) (6)	(b) (6)		(b) (6)	(b) (6)	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page

(b) (6) history of (1) any arrest(s) and/or 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 arrest(s), and/or conviction(s), and/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.

Explanations: See Instructions Page

(b) (6)

19. Visits to Health Professional Within Last 3 Years. (b) (6) Yes (Explain Below) (b) (6) No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason
(b) (6)	(b) (6)	(b) (6)

— NOTICE —
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly 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 Driving License
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, if any, available 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: **Kevin P. Byers** Date: **03 29 09**

UNITED STATES OF AMERICA

XI



DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

IV NAME

KEVIN PATRICK BYERS

V ADDRESS

(b) (6)

VI NATIONALITY

(b) (6)

VII D.O.B.

(b) (6)

SEX

HEIGHT WEIGHT HAIR EYES
M (b) (6)

IX HAS BEEN FOUND

QUALIFIED TO EXERCISE THE PRIVILEGES OF

2638932

JAN 2010



I **UNITED STATES OF AMERICA** XI
DEPARTMENT OF TRANSPORTATION ■ FEDERAL AVIATION ADMINISTRATION



IV NAME
KEVIN PATRICK BYERS

V ADDRESS

(b) (6)

VI NATIONALITY (b) (6) SEX HEIGHT WEIGHT HAIR EYES
IVa D.O.B. (b) (6) M (b) (6)

IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO BE

II **PRIVATE PILOT**
III CERTIFICATE NUMBER **2638932**
X DATE OF ISSUE **5 JAN 2010**



KEVIN PATRICK BYERS

2638932

**PRIVATE PILOT
AIRPLANE SINGLE ENGINE LAND**

XII RATINGS

ENGLISH PROFICIENT.

XIII LIMITATIONS

**VII SIGNATURE
OF HOLDER**

BYERS

68708 11/08

MEDICAL CERTIFICATE Third CLASS

This certifies that (Full name and address):

Kevin P. Byers

(b) (6)

Date of Birth	Height	Weight	Hair	Eyes	Sex
(b) (6)					Male

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

Limitations

Airman shall possess correcting lenses for near vision while exercising the privileges of his airman certificate.

Date of Examination

03-29-2011

Examiner's Designation No.

7207-34-1

Examiner

Signature

James A Merk MD

Typed Name

Dr. James A. Merk, MD

AIRMAN'S SIGNATURE

Kevin P. Byers