



U.S. Department
of Transportation
**Federal Aviation
Administration**

800 Independence Ave., S.W.
Washington, D.C. 20591

February 2, 2012

Mr. David Wartofsky
Potomac Airfield
10300 Glen Way
Fort Washington, MD 20744

Dear Mr. Wartofsky:

On May 6, 2009, you petitioned the Secretary of Transportation to amend FAA's medical requirements for pilots exercising private pilot privileges. We believe you proposed to amend 14 CFR § 61.23 Medical Certificates: Requirement and Duration, which establishes the requirements for pilots to hold a medical certificate. Upon becoming aware of your request, the FAA opened the public docket (FAA 2009-0481) and we are treating this request as a petition for rulemaking. As we understand your request, you propose to change the rule language to include the following for exercising private pilot privileges for a powered aircraft:

“A valid driver's license is required to pilot any aircraft,” and “A 3rd class medical is only required for operation of aircraft heavier than (an automobile) 6,000 lbs. max gross weight.”

You propose that the option of holding a valid state driver's license in lieu of a third-class airman medical certificate be expanded to include private pilots of aircraft whose weight and complexity are comparable to automobiles.

In making the argument for comparing operations of “small aircraft” to automobiles, you refer as a demarcation point to a 6,000-pound maximum weight. In support of this demarcation, you contend that modern avionics technology has rendered flying an aircraft to be barely more complex than driving a standard automobile. You allege that the risk of small airplane flight operations is misperceived, and that pilots whose medical capability is certified under the option of a valid state driver's license in lieu of a third-class airman medical certificate will self-assess their capability and stop flying as they decide to stop driving. In addition, you suggest that biennial flight reviews and instrument competency checks are a more effective means of assessing a pilot's competency level than a medical examination.

In accordance with §11.75, the FAA generally does not invite public comment on petitions for rulemaking. While this petition was not published in the Federal Register for comment, the FAA notes that the public docket has received over 1000 comments in response to trade and newspaper articles on the petition that identified the docket number. The vast majority of the comments submitted to the docket are from individuals commenting regarding their personal experiences. Many comments refer to unnecessary expense, inconvenience, and compare operation of "small aircraft" to Sport Utility Vehicles on the highway. Numerous commenters support the petition with the rationale that it would be a cost savings to them and that they believe it would allow them to continue to fly after they would not otherwise qualify for a third-class medical certificate. Quite a few commenters mention that the requirement that pilots complete a flight review with a flight instructor every 2 years is a better screening mechanism than the third-class medical certificate.

The Aircraft Owners and Pilots Association (AOPA) commented stating that it has long supported expansion of the eligible population and kinds of operations that can use a "driver's license medical" or rely on self-certification. AOPA also states that great strides have been made with regard to other aspects of the FAA medical certificate. There are now more than 35 specific medical conditions that are approved for 6-year special issuance authorizations. The first and third-class medical certificates for pilots under age 40 have expanded durations and new policy allows special issuance for certain airman using antidepressants. AOPA states that it supports the concept and believes that reducing economic and regulatory burden to being a pilot would promote the growth of general aviation.

The FAA reviewed your petition and determined that your recommendations do not raise any immediate safety concerns that would merit initiating rulemaking action. Expanding the option of relying on a valid state driver's license in lieu of a third-class airman medical certificate to include private pilots exercising privileges in aircraft whose performance and handling qualities typically are well above current LSA limitations would require complex amendments to FAA aircraft certification, operational, and medical standards that, absent more substantive safety evidence, may prove unwise.

Whereas current sport pilot medical qualification standards have provided an adequate level of safety for LSA operations, the FAA does not have evidence to support private pilots operating without medical oversight in aircraft that are considerably more complex. Certain single- and multi-engine complex operations, including complex turboprop and high-altitude turbojet aircraft, even certain normal-category helicopter operations, may fall under your proposed threshold, and the FAA has no experience allowing pilots who exercise privileges in such highly complex aircraft to medically qualify without FAA airman medical certification. Continual advancements in jet engine and aircraft technology present certain pilot certification challenges and the FAA continues to approach any broadening of safety standards with an abundance of caution in light of emergent complexities presented with some newer aircraft models.

The FAA notes that the driver's license approach does not permit people who have had their medical certificate revoked or suspended for cause or have failed their medical exam to operate LSAs.

Therefore, the FAA has made the determination that your petition be denied. We will take no further action on your petition and we are closing Docket No. FAA-2009-0481.

Sincerely,

A handwritten signature in cursive script that reads "John M. Allen".

John M. Allen
Director, Flight Standards Service