

DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION
WASHINGTON



AIRMAN IDENTIFICATION CARD

DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE OF AIRMAN IDENTIFICATION CARD
PAYMENT OF POSTAGE \$500

CHIEF, CERTIFICATE SECTION,
CIVIL AERONAUTICS ADMINISTRATION,
Washington, D. C.

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION
WASHINGTON

MEDICAL CERTIFICATE

THIS CERTIFIES that I personally examined

CONDITIONS OF ISSUE

Arthur Tien Chin
FIRST MIDDLE SURNAME

This Certificate is to be retained by the holder with his Airman Certificate unless it is recalled by proper authority, or is voluntarily surrendered.

ADDRESS 216 N. E. Halsey Ave.
Portland, Oregon

OPERATION DURING PHYSICAL DEFICIENCY

10-22-13 162½ 66½ Blk Brn. M.
DATE OF BIRTH WEIGHT HEIGHT HAIR EYES SEX

The holder shall not exercise the privileges of his Airman Certificate during the period of a known physical deficiency which would render him during that period unable to meet the physical requirements with which he complied in order to secure his certificate; Provided, that a pilot may operate an aircraft other than for hire during a period of TEMPORARY physical deficiency if the aircraft is equipped with fully functioning dual controls and the other seat is occupied by a pilot who holds at least a private pilot certificate and is otherwise qualified in accordance with the provisions of the Civil Air Regulations.

SECOND CLASS

LIMITATIONS

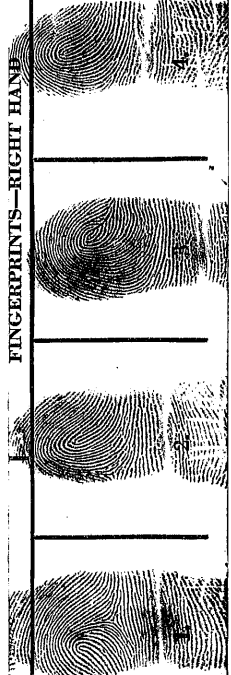
DATE OF EXAMINATION: 3-28-45
By direction of the Administrator:

Thos. J. Cross M.D.
AUTHORIZED MEDICAL EXAMINER

Arthur T. Chin
SIGNATURE OF APPLICANT

Any Alteration of This Certificate is Punishable by a Fine of Not Exceeding \$1,000, or Imprisonment Not Exceeding Three Years, or Both.

FINGERPRINTS—RIGHT HAND



Imprisonment

PLICANT

NS

privileges of his Airman if he is found to be known physical deficiency which he is unable to meet that a pilot may be operating a period of 90 days aircraft is equipped with the other seat is occupied a private pilot certificate in accordance with the provisions

PHYSICAL DEFICIENCY

by the holder with his signature and proper authority,

IF ISSUE

Form ACA 985
(Rev. 9-15-42)

**DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION
WASHINGTON**

THIS IS TO IDENTIFY

ARTHUR SUEY TIN CHIN
(First name) (Middle name) (Last name)

who has been certificated as an airman by the Civil Aeronautics Administration and whose signature appears hereon.

Signature *Arthur Suey Tin Chin*
U. S. GOVERNMENT PRINTING OFFICE
216 N.E. Halsey Avenue, Portland, Oregon



This certificate shall be of 60 days duration and, unless the holder thereof is otherwise notified by the Administrator within such period, it shall continue in effect thereafter until otherwise specified by the Board unless suspended or revoked.

Signature *[Signature]*
Civil Aeronautics Representative.
Signature *[Signature]*
Fingerprinting Officer.

Place of birth **Portland, Oregon**
Date of birth **October 22, 1913**
Color eyes **Brown** hair **Black**
Weight **162** lbs. Ht. **5** ft. **6 1/2** in.

