

Change of Address Processed
by the Airmen Certification Branch, AFS-760

Name: MAXWELL, GHISLAINE NOELLE

Identification Number: A4121029

Certificate Number: N/A

Mailing Address

Previous: 16 ISLAND AVE APT 7D

New: 1000 VENETIAN WAY APT 801

MIAMI BEACH
USA

FL
33139-1331

MIAMI BEACH
USA

FL
33139-1043

Physical Address

Previous:

New:

Date the change of address was processed: 11/17/2011 01:17:26 PM

Change of address initiated by: NCOA

SDNY_GM_02762668

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249517

EFTA01332898

SDNY_GM_02762669

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249518

EFTA01332899

Change of Address Processed
by the Airmen Certification Branch, AFS-760

NAME: GHISLAINE NOELLE MAXWELL

Identification Number: A4121029

Certificate Number: N/A

Mailing Address

Previous: 5786 LA JOLLA BLVD
LA JOLLA CA 92037-7301
UNITED STATES

New: 16 ISLAND AVE APT 7D
MIAMI BEACH FL 33139-1331
UNITED STATES

Physical Address

Previous:

New:

Date the change of address was processed: 6/20/2011 5:05:17 PM

Change of address initiated by: The airman requested a change of address through the Federal Aviation Administration, Civil Aviation Registry web site.

SDNY_GM_02762670

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249519

EFTA01332900

SDNY_GM_02762671

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249520

EFTA01332901

0101 9640



Form AFS-760-Scan-02 (04/06)

SDNY_GM_02762672

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249521

EFTA01332902

SDNY_GM_02762673

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249522

EFTA01332903

APPLICATION FOR REPLACEMENT OF LOST, DESTROYED, OR PAPER
AIRMAN CERTIFICATE (S) VIA THE AIRMEN SERVICES WEB SITE

DATE OF REQUEST: 02 OCT 2007

AIRMAN'S NAME: GHISLAINE NOELLE MAXWELL

SSN: [REDACTED]

A4121029

DOB	HEIGHT	WEIGHT	HAIR	EYES	SEX
[REDACTED]	68	129	BROWN	BROWN	F

REMITTANCE ID NUMBER: 200710021722939285AS

TOTAL REMITTANCE: \$0.00

REPLACEMENT CERTIFICATE TO BE MAILED TO:

GHISLAINE NOELLE MAXWELL

5786 LA JOLLA BLVD

LA JOLLA CA 92037-7301

CERTIFICATE(S)	CERT NUMBER	DATE	REASON
PRIVATE PILOT	003266576	02 OCT 2007	REMOVE SSN

SDNY_GM_02762674

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249523

EFTA01332904



SDNY_GM_02762675

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249524

EFTA01332905

8 7 0 2 2 8 7 9

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void--

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or misrepresentation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

SDNY_GM_02762676

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249525

EFTA01332906

I. UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

III. CERTIFICATE NO
133784883

II. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT

IV. Ghislaine Noelle Marion Maxwell
358 El Brillo Way
Palm Beach, Florida 33480

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	VI.
	68 IN.	125	Brown	Brown	M	France	

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of

Private Pilot

RATINGS AND LIMITATIONS

XII. Rotorcraft Helicopter

XIII.

THIS IS AN ORIGINAL ISSUANCE A REISSUANCE OF THIS GRADE OF CERTIFICATE

DATE OF SUPERSEDED AIRMAN CERTIFICATE

03-29-99

BY DIRECTION OF THE ADMINISTRATOR

EXAMINER'S DESIGNATION NO OR INSPECTOR'S REG. NO.

X. DATE OF ISSUANCE

X. SIGNATURE OF EXAMINER OR INSPECTOR

08-27-99

Randal R. Rowles

17SO-611PE

EXPIRES

10-31-99

FAA Form 8090-4 (8-79) USE PREVIOUS EDITION

594284020

SDNY_GM_02762677

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249526

EFTA01332907

Airman Certificate and/or Rating Application

US Department of Transportation
Federal Aviation Administration

I. Application Information Student Recreational Private Commercial Airline Transport Instrument
 Additional Aircraft Rating Airplane Single-Engine Airplane Multiengine Rotorcraft Glider Lighter-Than-Air
 Flight Instructor Initial Renewal Reinstatement Additional Instructor Rating Ground Instructor
 Medical Flight Test Reexamination Reissuance of Certificate Other

A. Name (Last, First, Middle) Maxwell, Ghislaine, Noelle, Marion
B. SSN (US Only) [REDACTED] **C. Date of Birth** [REDACTED] **D. Place of Birth** [REDACTED]

E. Address (Please See Instructions Before Completing)
 358 El Brillo Way
 City, State, Zip Code
 Palm Beach, FL 33480
F. Nationality (Citizenship) Specify
 USA Other France
G. Do you read, speak and understand English?
 Yes No
H. Height 68 in. **I. Weight** 125 Lbs. **J. Hair** Brown **K. Eyes** Brown **L. Sex** Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No
N. Grade Pilot Certificate Student **O. Certificate Number** [REDACTED] **P. Date Issued** 03/29/99

Q. Do you hold a Medical Certificate? Yes No **R. Class of Certificate** Second **S. Date Issued** 03/29/99 **T. Name of Examiner** Peter M. Guida, M.D.

U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Yes No **V. Date of Final Conviction**

W. Glider or Free Balloon Pilots only: **Medical Statement:** I have no known physical defect which makes me unable to pilot a glider or free balloon. **Signature** [REDACTED] **X. Date**

II. Certificate or Rating Applied For on Basis of:

A. Completion of Required Test
 1. Aircraft to be used (if flight test required) Bell 206 **2a. Total time in this aircraft** 75.7 hours **2b. Pilot in command** 10.6 hours

B. Military Competence Obtained in:
 1. Service [REDACTED] **2. Date Rated** [REDACTED] **3. Rank or Grade and Service Number** [REDACTED]
 4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft.

C. Graduate of Approved Course:
 1. Name and Location of Training Agency or Training Center [REDACTED] **2a. Certification Number**
 2. Curriculum From Which Graduated [REDACTED] **3. Date**

D. Holder of Foreign License Issued By:
 1. Country [REDACTED] **2. Grade of License** [REDACTED] **3. Number** [REDACTED]
 4. Ratings [REDACTED]

E. Completion of Air Carrier's Approved Training Program
 1. Name of Air Carrier [REDACTED] **2. Date** [REDACTED] **3. Which Curriculum**
 Initial Upgrade Transition

III. Record of Pilot Time (Do not write in the shaded areas.)

	Total	Instruction Received	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instruction Received	Night Take-off/Landing	Night Pilot in Command	Night Take-off/Landing Pilot in Command	Number of Flights	Number of Aero-Tons	Number of Ground Launches	Number of Powered Launches	Number of Free Flights
Airplanes																		
Rotorcraft	87	77	10	10	0	27	3	3	0	3	16	0	0					
Glider																		
Lighter Than Air																		
Training Device Simulator																		

IV. Have you failed a test for this certificate or rating? Yes No **Within the Past 30 days?** Yes No

V. Applicant's Certification - I 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 as 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 [Signature] **Date** 08-27-99

FAA Use Only

EMP.	NO.	DO.	SEAL	CON.	ISS.	ACT.	LET.	TR.	EX.	SACH.	NOTE	RATING (1)
135	17		0	4	7	20	P	3				

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date 8/27/99	Instructor's Signature <i>Steven R. Weaver</i> Steven R. Weaver	Certificate Expires 11/30/99	
Air Agency's Recommendation			
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.			
Date	Agency Name and Number	Official's Signature	
		Title	
Designated Examiner's Report			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <input checked="" type="checkbox"/> Approved—Temporary Certificate Issued (Copy Attached) <input type="checkbox"/> Disapproved—Disapproval Notice Issued (Copy Attached)			
Location of Test (Facility, City, State) JET Aviation West Palm Beach Florida			Duration of Test
			Ground: 2.5 Simulator: — Flight: .8
Certificate or Rating for Which Tested Private Pilot		Type(s) of Aircraft Used Bell 206	Registration No.(s) N72PH
Date 08-27-99	Examiner's Signature <i>Parson P. Bonds</i>	Certificate No. 594284020	Designation No. 1750-611PE
		Designation Expires 10-31-99	
Evaluator's Record For Airline Transport Certificate/Rating Only			
Oral	Inspector <input type="checkbox"/>	Examiner <input type="checkbox"/>	Signature _____ Date _____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspector's Report			
I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. <input type="checkbox"/> Approved—Temporary Certificate Issued <input type="checkbox"/> Disapproved—Disapproval Notice Issued			
Location of Test (Facility, City, State)			Duration of Test
			Ground Simulator Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
<input type="checkbox"/> Student Pilot Certificate issued <input checked="" type="checkbox"/> Examiner's Recommendation <input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130			
<input checked="" type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input checked="" type="checkbox"/> Certificate issued <input type="checkbox"/> Certificate Denied			
<input type="checkbox"/> Instructor <input type="checkbox"/> Flight <input type="checkbox"/> Ground <input type="checkbox"/> Renewal <input type="checkbox"/> Approved <input type="checkbox"/> Reinstatement <input type="checkbox"/> Disapproved Instructor Renewal Based on <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Acquaintance <input type="checkbox"/> Test			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date 9/21/99	Inspector's Signature <i>James Shearon (AST)</i>	FAA District Office 3017	
Attachments:			
<input type="checkbox"/> Student Pilot Certificate (copy) <input checked="" type="checkbox"/> Report of Written Examination <input checked="" type="checkbox"/> Temporary Pilot Certificate (copy)			
<input checked="" type="checkbox"/> Altimeter Identification (ID) Florida Drivers License _____ 12-25-99 Expiration Date			
<input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Pilot Certificate <input type="checkbox"/> Answer Sheet Graded <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument)			

FAA Form 8710-1 (7-95) Supersedes Previous Edition

NSN: 0052-00-882-5000
 ★ U.S. GPO: 1995-715-783/83216

SDNY_GM_02762679

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249528

EFTA01332909

3 7 0 2 2 8 8 1
CATS
Computer Assisted Testing Service
1-800-947-4228

Federal Aviation Administration
Airman Computer Test Report

EXAM TITLE: Private Pilot-Rotorcraft-Helicopter (PRH)

NAME: MAXWELL, GHISLAINE N P906122619990629

ID NUMBER: 133784883 TAKE: 1

DATE: 06/29/99 SCORE: 87 GRADE: Pass

Knowledge area codes in which questions were answered incorrectly.
See appropriate Advisory Circular (AC) Knowledge Test Guide
available via the Internet: <http://www.fedworld.gov/pub/faa-att>.
A single code may represent more than one incorrect response.

A01 H317 I46 H340 H348 J37 J10 J31

EXPIRATION DATE: 06/30/01

DO NOT LOSE THIS REPORT

Authorized instructor's statement. (If applicable)

I have given Mr./Ms. _____ additional instruction in
each subject area shown to be deficient and consider the applicant competent
to pass the test.

Last _____ Initial _____ Cert. No. _____ Type _____
(Print clearly)

Signature _____

SDNY_GM_02762680

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249529

EFTA01332910

1-800-955-1234
Department of Health and Human Services

Federal Aviation Administration
National Computer Test Report

EXAM TITLE: Private Pilot-Category 2-141 (single) (PPL)
NAME: MARSHALL, CHRISTOPHER W
ID NUMBER: 133V94823
DATE: 06/20/90
GRADE: BA
GRADE TYPE: GRADE

Knowledge area scores in which questions were answered incorrectly:
See appropriate Advisory Circular (AC) regarding test administration
available via the Internet: <http://www.faa.gov/pubs/atsi/>
A single code may represent more than one incorrect response.

401 111V 145 1140 1145 115 110 111

EXPIRATION DATE: 06/30/01

Authorized instructor's statement: (If applicable)

I have given Mr. Marshall additional instruction in each subject area shown to be deficient and consider the applicant competent to pass the test.

Last Initial Grade No. (Print clearly)

Signature

SDNY_GM_02762681

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00249530

EFTA01332911