



Date: 08/11/2023



US Department of Transportation
Federal Aviation Administration

Pilot: Kyle Franklin
 Civilian: 2754319
 Phone: (417) 882-7449
 Email: kfranklin@neoshomob.com
 SAC Issuance: 08/11/2023
 BNO Proficiency Expiration: 12/31/2024

FAA ASB: G Douglas Jackson
 FSDO: Kansas City AFGA/ICAFSDO-05
 Signature: [Signature]
 ICAB Recommendation: Waiver ID: 103668

AUTHORIZED AIRCRAFT	AUTHORIZED AIRCRAFT CATEGORY	ALTITUDE LEVEL	SIOW LINE CATEGORY	ENDORSEMENTS: ALL AIRCRAFT CATEGORIES	EXPIRATION DATE: AIRCRAFT CATEGORY LEVEL ENDORSEMENT
Decathlon - All Variants	Category A: Sport Aerobatics	Level 1: Unrestricted	CAT III	<input type="checkbox"/> Pilot Only <input checked="" type="checkbox"/> Aerobatics: <input checked="" type="checkbox"/> Solo <input type="checkbox"/> Formation	08/31/2023
Corvus I	Category A: Sport Aerobatics	Level 1: Unrestricted	CAT III	<input type="checkbox"/> Precision Maneuvering: <input type="checkbox"/> Solo <input type="checkbox"/> Formation	08/31/2023
Redux - All Variants	Category A: Sport Aerobatics	Level 1: Unrestricted	CAT III	<input type="checkbox"/> Night Glides <input type="checkbox"/> Pyro <input checked="" type="checkbox"/> Wing Walking <input type="checkbox"/> Inverted Ribbon Cut	08/31/2023
Piper J3 Cub/Sage Cub - All Variants	Category A: Sport Aerobatics	Level 1: Unrestricted	CAT III	<input checked="" type="checkbox"/> Day Flight <input checked="" type="checkbox"/> Crossed	08/31/2023
Waco - All Variants	Category A: Sport Aerobatics	Level 1: Unrestricted	CAT III	<input checked="" type="checkbox"/> Cat-In-Plane Transfer <input type="checkbox"/> Aerial Transfer <input type="checkbox"/> Car-Top Landing <input checked="" type="checkbox"/> Circle the Jumpers <input type="checkbox"/> Other:	08/31/2023

PILOT SIGNATURE
DATE

I understand that this statement of competency does not authorize deviation from 14 CFR Part 91 except as defined in a waiver and the terms of a Special Provision contained in a Certificate of Waiver of A.A. Part 91.1 for an Airline.

UNITED STATES OF AMERICA
 Department of Transportation
 Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):
 KYLE Aaron FRANKLIN
 PO Box 36
 Neosho MO 64850 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
02/01/1980	73	220	BROWN	BLUE	M

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

Limitations: None

Date of Examination: 06/29/2024
 Examiner's Designation No.: 000070071

Examiner Signature: [Signature]
 Typed Name: Dennis Deakins, MD

AIRMAN'S SIGNATURE: [Signature]

Applicant ID: 1996378206
 Control No.: 20001127024

FAA Form 8500-9 (3-12) Supersedes Previous Edition NSN: 0052-00-870-7002

FLIGHT REVIEW ENDORSEMENT

I certify the (First, MI, Last) Kyle A. Franklin,
 (pilot cert.) Commercial Pilot, (cert. number) 2754319
 Has satisfactorily completed the flight review required
 in 61.56(a) and 61.56(c) on (date) 09-26-2023.

Signed [Signature] Date: 09-26-2023
 CFI NO. 3984692 CEI EXP. DATE 01/25

LO ground Aerospace, Commercial Pilot, solo, Night, Two Oping, Emergency. LO flight Step two, solo, solo, solo, solo, solo, solo