JAMAICA

Issuing Authority: Jamaica Civil Aviation Authority

STATEMENT OF DEMONSTRATED ABILITY

This form cannot be used in lieu of a medical certificate; it should be attached to your medical certificate

Airman's Name and Address

Class of Medical Certificate Authorized:	**Waiver Serial Number (SODA)**
Class 1 ☐ 2 ☐ 3 ☐	

Limitations: No ☐ Yes ☐

Describe:

Physical Defects

Basis of Issue

☐ Operational Experience
☐ Special Practical Test
☐ Special Flight Test

For the Issuing Authority

Date (dd/mm/yyyy)	**Name and Title** (To be Typed)

Signature (To be signed in ink)