

**Docket No. SA-531**

**Exhibit No. 2-FF**

**NATIONAL TRANSPORTATION SAFETY BOARD**

**Washington, D.C.**

Operations Group Chairman  
Renslow FAA Certificates October 2007

(8 Pages)

II. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT IV. **MARVIN DEAN RENSLOW**  
[REDACTED]  
[REDACTED]

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	VI.
07/28/1978	72 IN	195	BROWN	BROWN	M	USA	

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

AIRLINE TRANSPORT PILOT

RATINGS AND LIMITATIONS

XI. ~~AIRPLANE - MULTIENGINE LAND~~

SF-340

COMMERCIAL PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

XIII. [REDACTED]

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

DATE OF SUPERSEDED AIRMAN CERTIFICATE

04/29/2004

BY DIRECTION OF THE ADMINISTRATOR

X. DATE OF ISSUANCE

10/18/2007

X. SIGNATURE OF EXAMINER OR INSPECTOR

ROBERT P. CAMPBELL

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

DATE DESIGNATION EXPIRES

08/31/2008

VII. AIRMAN'S SIGNATURE  
[REDACTED]

#### 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.

TYPE OR PRINT ALL ENTRIES IN INK



DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

# Airman Certificate and/or Rating Application

**I. Application Information**

Additional Rating   
  Student   
  Recreational   
  Private   
  Commercial   
  Airline Transport   
  Instrument  
 Flight Instructor Initial   
 Airplane Single-Engine   
 Airplane Multiengine   
 Rotorcraft   
 Balloon   
 Airship   
 Glider   
 Powered-Lift  
 Medical Flight Test   
 Renewal   
 Reinstatement   
 Additional Instructor Rating   
 Ground Instructor   
 Other **SE340**  
 Reexamination   
 Reissuance of certificate

**A. Name (Last, First, Middle)** Renslow, Marvin Dean

**B. SSN (US Only)** [REDACTED]

**C. Date of Birth** [REDACTED]

**D. Place of Birth** [REDACTED]

**E. Address** [REDACTED]

**F. Citizenship**  USA     Other

**G. Do you read, speak, write, & understand the English language?**  Yes     No

**City, State, Zip Code** [REDACTED]

**H. Height** 72 in.    **I. Weight** 195    **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** Commercial

**O. Certificate Number** [REDACTED]

**P. Date Issued** 04-29-2004

**Q. Do you hold a Medical Certificate?**  Yes     No

**R. Class of Certificate** First

**S. Date Issued** 09-24-2007

**T. Name of Examiner** G. H. Coupe, D. O.

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

**V. Date of Final Conviction** N/A

**II. Certificate or Rating Applied For on Basis of:**

**A. Completion of Required Test**

1. Aircraft to be used (if flight test required) \_\_\_\_\_

2a. Total time in this aircraft / SIM / FTD \_\_\_\_\_ hours

2b. Pilot in command \_\_\_\_\_ hours

**B. Military Competence Obtained In**

1. Service \_\_\_\_\_

2. Date Rated \_\_\_\_\_

3. Rank or Grade and Service Number \_\_\_\_\_

4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft: \_\_\_\_\_

4b. US Military PIC & instrument check in last 12 months (List Aircraft) \_\_\_\_\_

**C. Graduate of Approved Course**

1. Name and Location of Training Agency or Training Center \_\_\_\_\_

1a. Certification Number \_\_\_\_\_

2. Curriculum From Which Graduated \_\_\_\_\_

3. Date \_\_\_\_\_

**D. Holder of Foreign License Issued By**

1. Country \_\_\_\_\_

2. Grade of License \_\_\_\_\_

3. Number \_\_\_\_\_

4. Ratings \_\_\_\_\_

**E. Completion of Air Carrier's Approved Training Program**

1. Name of Air Carrier: Colgan Air, Inc

2. Date: 10-14-2007

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 (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-off/Landings	Night PIC	Night Take-Off/Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes	2288	300	195	PIC 278 SIC 1797	15	133	PIC 133 SIC 1895	124	10	190	PIC 20 SIC 330	PIC 30 SIC 160				
Rotorcraft																
Powered Lift																
Glider																
Lighter Than Air																
Simulator Training Device		100						128								
PCATD																

**IV. Have you failed a test for this certificate or rating?**  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** 10-18-07

35 EA27

AAAMEL

81899010 D5AK

**Instructor's Recommendation**  
I have personally instructed the applicant and consider this person ready to take the test.

Date 10/16/07	Instructor's Signature (Print Name & Sign) <i>[Signature]</i>	Certificate No. <i>[Redacted]</i>	Certificate Expires
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**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
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**Designated Examiner or Airman Certification Representative Report**

Student Pilot Certificate issued (Copy attached)

I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the certificate or rating sought.

I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.

I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.

Approved -- Temporary Certificate issued (Original Attached)

Disapproved -- Disapproval Notice issued (Original Attached)

Location of Test (Facility, City, State) FLIGHT SAFETY ST. LOUIS, MO	Duration of Test Ground 2.0 Simulator/FTD 2.0 Flight
Certificate or Rating for Which Tested AIRLINE TRANSPORT PILOT AIRPLANE MULTISENSE LAND SF-340 TYPE	Type(s) of Aircraft Used SF-340
Date 10/18/2007	Registration No.(s) 488 312C
Examiner's Signature (Print Name & Sign) ROBERT P. CAMPBELL	Designation No. 08/31/2008

**Evaluator's Record (Use For ATP Certificate and/or Type Ratings)**

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>[Signature]</i>	10/18/2007
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>		

**Aviation Safety Inspector or Technician 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.

Approved -- Temporary Certificate issued (Original Attached)       Disapproved -- Disapproval Notice issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test Ground Simulator/FTD Flight
Certificate or Rating for Which Tested	Type(s) of Aircraft Used
<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-330	<input 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 type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Instructor Renewal Based on <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities	Registration No.(s)

Training Course (FIRC) Name	Graduation Certificate No.	Date
Date 10/29/07	Instructor's Signature (Print Name & Sign) RICHARD BELLE	Certificate No. <i>[Redacted]</i>
		FAA District Office EA-FSD0-27

Attachments:

Student Pilot Certificate (Copy)

Knowledge Test Report

Temporary Airman Certificate

Notice of Disapproval

Superseded Airman Certificate

Airman's Identification (ID)  
FLORIDA DRIVER'S LICENSE  
Form of ID  
Number  
Expiration Date  
Telephone Number

ID: MARVIN DEAN RENSLOW  
Name: MARVIN DEAN RENSLOW  
Date of Births  
Certificate Number:  
E-Mail Address

**NOTE**

PRESENT THIS FORM  
UPON APPLICATION  
FOR REEXAMINATION

**NOTICE OF DISAPPROVAL OF APPLICATION**

NAME AND ADDRESS OF APPLICANT  
**MARVIN DEAN RENSLOW**  
~~████████████████████~~  
~~████████████████████~~

CERTIFICATE OR RATING  
SOUGHT  
**ATP**  
**SF340 TYPE**

On the date shown, you failed the examination indicated below:

FLIGHT                       ORAL                       PRACTICAL

AIRCRAFT USED (Make and Model)

**SF340**

FLT. TIME RECORDED IN LOGBOOK

PILOT-IN-COMM. OR SOLO	INSTRUMENT	DUAL
<b>473</b>	<b>124</b>	<b>300</b>

UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING:

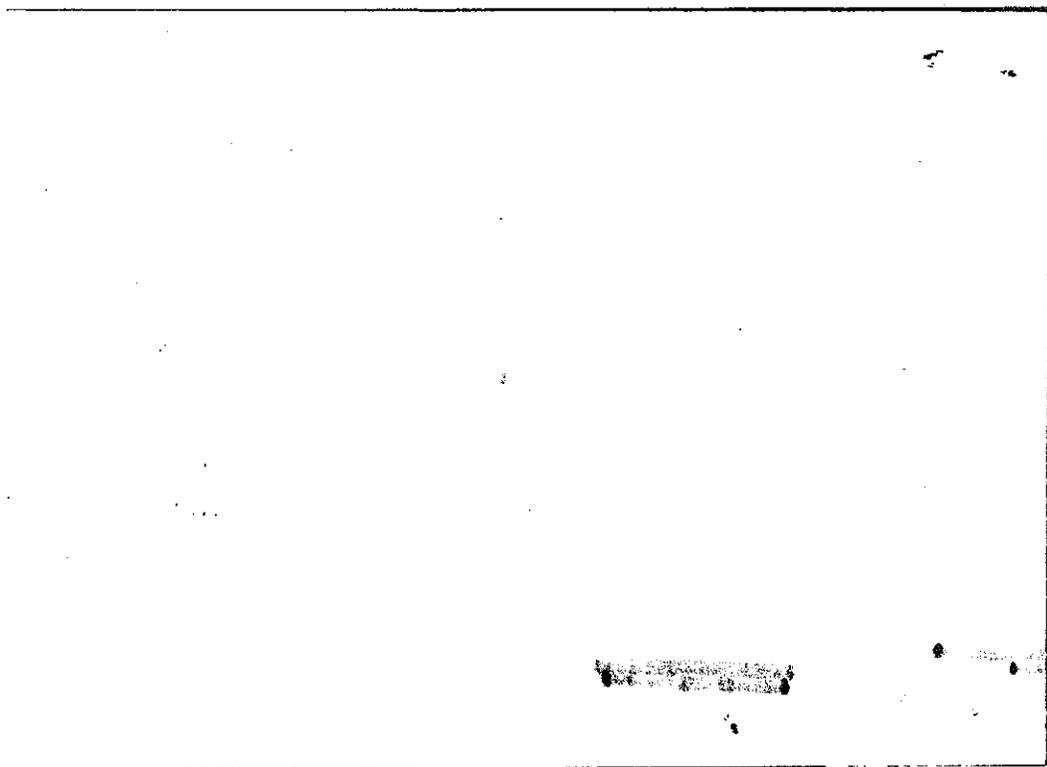
- VI. AREA OF OPERATION - LANDINGS AND APPROACHES TO LANDINGS**
- C. TASK - APPROCH & LANDING WITH POWERPLANT FAILURE - MULTIEGINE AIRPLANE**

**ORAL PASSED 10/15/07**

**FIRST FAILURE**

I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate or rating sought.

DATE OF EXAMINATION	SIGNATURE OF EXAMINER OR INSPECTOR	DESIGNATION OR OFFICE NO.
<b>10/15/2007</b>	<b>ROBERT P. CAMPBELL</b>	<del>████████████████████</del>



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100-100000-100000

TYPE OR PRINT ALL ENTRIES IN INK



DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

# Airman Certificate and/or Rating Application

**I. Application Information**

Additional Rating  
 Flight Instructor Initial  
 Medical Flight Test

Student  
 Airplane Single-Engine  
 Renewal  
 Reexamination

Recreational  
 Airplane Multiengine  
 Reissuance of certificate

Private  
 Commercial  
 Rotorcraft  
 Additional Instructor Rating

Airline Transport  
 Balloon  
 Ground Instructor

Instrument  
 Airship  
 Glider  
 Powered-Lift

Other: **SF340**

**A. Name (Last, First, Middle)**  
Renslow, Marvin Dean

**B. SSN (US Only)**  
[REDACTED]

**C. Date of Birth**  
Month: [REDACTED] Day: [REDACTED] Year: [REDACTED]

**D. Place of Birth**  
[REDACTED]

**E. Address**  
[REDACTED]

**F. Citizenship**  
 USA  Other

**G. Do you read, speak, write, & understand the English language?**  
 Yes  No

**City, State, Zip Code**  
[REDACTED]

**H. Height**  
72 in.

**I. Weight**  
195

**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**  
Commercial

**O. Certificate Number**  
[REDACTED]

**P. Date Issued**  
04-29-2004

**Q. Do you hold a Medical Certificate?**  
 Yes  No

**R. Class of Certificate**  
First

**S. Date Issued**  
09-24-2007

**T. Name of Examiner**  
G. H. Coups, D. O.

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

**V. Date of Final Conviction**  
N/A

**II. Certificate or Rating Applied For on Basis of:**

**A. Completion of Required Test**

1. Aircraft to be used (if flight test required)  
2a. Total time in this aircraft / SIM / FTD \_\_\_\_\_ hours  
2b. Pilot in command \_\_\_\_\_ hours

**B. Military Competence Obtained In**

1. Service \_\_\_\_\_ Date Rated \_\_\_\_\_  
3. Rank or Grade and Service Number: \_\_\_\_\_  
4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft: \_\_\_\_\_  
4b. US Military PIC & Instrument check in last 12 months (List Aircraft): \_\_\_\_\_

**C. Graduate of Approved Course**

1. Name and Location of Training Agency or Training Center \_\_\_\_\_  
2. Curriculum From Which Graduated \_\_\_\_\_  
1a. Certification Number \_\_\_\_\_  
3. Date \_\_\_\_\_

**D. Holder of Foreign License Issued By**

1. Country \_\_\_\_\_ 2. Grade of License \_\_\_\_\_ 3. Number \_\_\_\_\_  
4. Ratings \_\_\_\_\_

**E. Completion of Air Carrier's Approved Training Program**

1. Name of Air Carrier: Colgan Air, Inc  
2. Date: 10-14-2007  
3. Which Curriculum:  Initial  Upgrade  Transition

**III RECORD OF PILOT TIME (Do not write in the shaded areas.)**

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Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator Training Device		100						128								
PCATD																

**IV. Have you failed a test for this certificate or rating?**  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: 10-15-07

48 EA 27 151 A3

**Instructor's Recommendation**  
I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature (Print Name & Sign)	Certificate No:	Certificate Expires
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**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	Officials Signature
		Title

**Designated Examiner or Airman Certification Representative Report**

Student Pilot Certificate issued (Copy attached)

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I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.

I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.

Approved -- Temporary Certificate Issued (Original Attached)

Disapproved -- Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
FIGHT SAFETY INTL ST LOUIS, MO.	Ground 2.0	Simulator/FTD 2.0	Flight
Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)	
AIRPLANE MULTISENINE LAND	SF-340	448D	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No. / Designation Expires
10/15/2007	ROBERT P. CAMPBELL		08/31/2008

**Evaluator's Record (Use For ATP Certificate and/or Type Ratings)**

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>[Signature]</i> [Redacted]	10/15/2007
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>[Signature]</i> [Redacted]	10/15/2007
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>		
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>		

**Aviation Safety Inspector or Technician 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.

Approved -- Temporary Certificate issued (Original Attached)       Disapproved -- Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD	Flight
Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)	
<input type="checkbox"/> Student Pilot Certificate Issued	<input type="checkbox"/> Certificate or Rating Based on	<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Ground Instructor	
<input checked="" type="checkbox"/> Examiner's Recommendation	<input type="checkbox"/> Military Competence	<input type="checkbox"/> Renewal	
<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Foreign License	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Reissue or Exchange of Pilot Certificate	<input type="checkbox"/> Approved Course Graduate	Instructor Renewal Based on	
<input type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330	<input type="checkbox"/> Other Approved FAA Qualification Criteria	<input type="checkbox"/> Activity <input type="checkbox"/> Training Course	
		<input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities	
Training Course (FIRC) Name	Graduation Certificate No.	Date	

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
10/29/07	<i>[Signature]</i> RICHARD BELLE		EA-FSDO-27
Attachments:	<input checked="" type="checkbox"/> Airman's Identification (ID) FLORIDA DRIVER'S LICENSE Form of ID: [Redacted] Number: [Redacted] Expiration Date: [Redacted] Telephone Number: [Redacted]		ID: [Redacted] Name: MARVIN DEAN RENSLOW Date of Birth: [Redacted] Certificate Number: [Redacted] E-Mail Address: [Redacted]
<input type="checkbox"/> Student Pilot Certificate (Copy)			
<input type="checkbox"/> Knowledge Test Report			
<input type="checkbox"/> Temporary Airman Certificate			
<input checked="" type="checkbox"/> Notice of Disapproval			
<input type="checkbox"/> Superseded Airman Certificate			