

UNITED STATES OF AMERICA XI
DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

IV NAME
KYLE AARON FRANKLIN

V ADDRESS PO BOX 36
NEOSHO MO 64850-0036

VI NATIONALITY USA
IVa D.O.B. 1 FEB 1980
IX HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

II **COMMERCIAL PILOT**
III CERTIFICATE NUMBER **2754319**
X DATE OF ISSUE **14 JAN 2021**

XIV *[Signature]*
VIII ADMINISTRATOR

KYLE AARON FRANKLIN XII RATINGS **2754319**

COMMERCIAL PILOT
AIRPLANE SINGLE ENGINE LAND
XIII LIMITATIONS
ENGLISH PROFICIENT
THE CARRIAGE OF PASSENGERS FOR HIRE IN AIRPLANES ON CROSS-COUNTRY FLIGHTS IN EXCESS OF 50 NAUTICAL MILES OR AT NIGHT IS PROHIBITED.

VII SIGNATURE OF HOLDER *[Signature]*

STATEMENT OF AEROBIC COMPETENCY (SAC)
FAA FORM 8710-2

Date: 10/09/2024



US Department of Transportation
Federal Aviation Administration

Pilot: Kyle Franklin
Certificate Type/Issued/Expiry: (2754319)
Phone: 417-586-7440
Email: kfranklin@neoshomob.com
SAC Issuance: 10/09/2024
SAC Expiry: December 31, 2025

FAAAS: G Doug Jackson
Pilot: Kansas City
Signature: GORDON JACOBSON
Signed: GORDON JACOBSON
Phone: (816) 353-4003
Email: doug.jackson@faa.gov

ICAO Recommendation
Wing ID: 100115

AUTHORIZED AIRCRAFT	AUTHORIZED AIRCRAFT CATEGORY	ALTITUDE LEVEL	BY DAY LINE CATEGORY	ENDORSEMENTS ALL AIRCRAFT CATEGORY	EXPIRATION DATE AIRCRAFT CATEGORY/ENDORSEMENT
Category A - All variants	Category A: Sport Aerobics	Level 1: Unrestricted	CAT III	☒ Rollo Only ☒ Aerobics ☒ Solo ☒ Formation	10/9/2027
Category B - 1	Category A: Sport Aerobics	Level 1: Unrestricted	CAT III	☐ Dynamic Measurements ☐ Solo ☐ Formation	10/9/2027
Category C - All variants	Category A: Sport Aerobics	Level 1: Unrestricted	CAT III	☐ Night Vision ☐ Pylon ☒ Wing Walking ☐ Inverted Flight ☐ Dog Fight ☒ Comedy	10/9/2027
Piper J-40 Cub/Logan Cub - All variants	Category A: Sport Aerobics	Level 1: Unrestricted	CAT III	☒ Cargo Plane Transfer ☐ Aerial Transfer ☐ Go-Trip Landing ☒ Circle the Junction ☐ Other	10/9/2027
Waco - All variants	Category A: Sport Aerobics	Level 1: Unrestricted	CAT III		

I understand that this statement of competency does not authorize exercise of the privileges of a Pilot Certificate unless it is endorsed by a signature and the name of a Flight Instructor contained in a Certificate of Endorsement (FAA Form 723) or by an Airman.

PILOT SIGNATURE *[Signature]*
DATE 10-9-24

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
Negsho MO 64850 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
02/01/1980	73	200	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: 04/19/2025
Examiner's Designation No.: 000070071

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

AIRMAN'S SIGNATURE *[Signature]*

Applicant ID: 1996378206
Control No.: 200011560357

FAA Form 8500-9

(3-12) Supersedes Previous Edition

NSN: 0052-00-670-7002

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. 3934692 CEI EXP. DATE 01/25