

BASICMED CERTIFICATION

I, _____, have reviewed the requirements outlined by the Federal Aviation Administration ("FAA") in regards to BasicMed (see FAA Advisory Circular No. 68-1A, as amended, and applicable Federal Aviation Regulations including §61.23(c)(3), §61.113(i) and Part 68 thereof) and by signing below am attesting that I currently understand, and am in compliance with, the requirements and other provisions of BasicMed to act as Pilot In Command of (or otherwise operate) an RFC Club Aircraft (provided that all other requirements including training and check-out procedures have also been successfully accomplished and are current). I understand and acknowledge that it is my responsibility to ensure that I continue to comply with the FAA rules and regulations for BasicMed prior to acting as Pilot In Command of (or otherwise operate) any RFC aircraft for each flight. I understand that operating an RFC aircraft without complying with the BasicMed rules and regulations may result in denial of coverage by RFC's insurance carrier and cause financial liability for an incident/accident to rest solely on me and also result in a violation of the Federal Aviation Regulations.

As partial evidence of my compliance with the requirements of BasicMed, attached are copies of (i) my most recent FAA Medical Certificate (see Exhibit A), (ii) my current and valid U.S. drivers license (see Exhibit B), (iii) my current Comprehensive Medical Examination Checklist executed by the state-licensed physician who conducted the required examination (see Exhibit C) and (iv) my current "certificate of completion" for the online medical education course that pilots must complete prior to operating under BasicMed (see Exhibit D). I am aware that the Comprehensive Medical Examination Checklist is only valid for a period of 48 months from the date thereof and that the "certificate of completion" is only valid for a period of 24 months from the date thereof.

I hereby certify that:

- My date of birth is: _____
- The date of issuance of my last FAA Medical Certificate was: _____
- The expiration date of my U.S. drivers license is: _____
- The date of my attached Medical Examination Checklist is: _____
- The date of my attached "certificate of completion" is: _____

I understand and agree that I will complete, assemble and execute the then current version of this BasicMed Certification form on or before the earlier of the expiration of my attached U.S. drivers license, the expiration of my attached Medical Examination or the expiration of my attached "certificate of completion", and submit the executed form to the RFC Treasurer or the RFC Safety and Training Officer prior to conducting any operation of an RFC aircraft that, barring compliance with the requirements of BasicMed, would require possession of a current FAA medical certificate.

Signature: _____ Date: _____

Printed Name: _____

EXHIBIT A

FAA Medical Certificate

Insert a copy of your most recent FAA Medical Certificate behind this page.

EXHIBIT B

Current U.S. Drivers License

Insert a copy of your current valid U.S. Drivers License behind this page.

EXHIBIT C

Comprehensive Medical Examination Checklist

The Club Member must:

- Complete and sign the following Declaration; and
- Insert a copy of the last page of the Club Member's current Comprehensive Medical Examination Checklist behind this page, which last page of the Club Member's current Comprehensive Medical Examination Checklist shall have been completed and executed by the Club Member's physician.

Airman's Signature and Declarations

In accordance with section 2307(b)(2)(A) of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114-190), I affirm that:

The answers provided by me on my Comprehensive Medical Examination Checklist, including my answers regarding my medical history, are true and complete;

I understand that I am prohibited under Federal Aviation Administration regulations from acting as pilot in command, or in any other capacity as a required flight crewmember, if I know or have reason to know of any medical deficiency or medically disqualifying condition that would make me unable to operate the aircraft in a safe manner; and

I am aware of the regulations pertaining to the prohibition on operations during medical deficiency and I have no medically disqualifying conditions in accordance with applicable law.

Printed Name

Airman Signature

EXHIBIT D

Certificate of Completion

Insert a copy of your current Certificate of Completion behind this page.