[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Aviation Authority Name/Aeromedical Branch]
[Authority Address]
[City, State, Zip Code]

Subject: Application for Renewal of Pilot Medical Certificate - [Your Full Name]

Dear Aviation Medical Examiner / Medical Certification Branch,

I am writing to formally request the renewal of my [Class of Medical, e.g., First Class] Medical Certificate. My current certificate is set to expire on [Current Expiration Date].

Please find my details below for your reference:

- **Full Name:** [Your Legal Name]
- **Date of Birth:** [Your Date of Birth]
- **Pilot License Number:** [Your License Number]
- **Current Medical Certificate Number:** [Your Certificate Number]

I have scheduled an examination with Dr. [Doctor's Name] on [Date of Appointment]. I have also completed the required online application via [System Name, e.g., MedXPress] under confirmation number [Confirmation Number].

Enclosed/Attached are the following supporting documents (if applicable):

- Recent specialist reports regarding [Specific Condition, if any]
- Current vision/hearing test results
- SODA or Statement of Demonstrated Ability documentation

Please let me know if any additional information or further documentation is required to process this renewal. I look forward to receiving my updated clearance.

Sincerely,

[Signature]

[Your Printed Name]