

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 _____
 Reexamination
 Reissuance of _____ certificate

A. Name (Last, First, Middle) **SMITH, JOHN JAY**
 B. SSN (US Only) **123-45-6789**
 C. Date of Birth **01/12/1966**
 D. Place of Birth **WICHITA, KS**

E. Address **1212 BLACK BIRD LANE**
 F. Citizenship USA
 G. Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code **WICHITA, KS 31212**
 H. Height **72**
 I. Weight **185**
 J. Hair **BROWN**
 K. Eyes **HAZEL**
 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 **1234567**
 P. Date Issued **01/01/2002**

Q. Do you hold a Medical Certificate? Yes No
 R. Class of Certificate _____
 S. Date Issued _____
 T. Name of Examiner _____

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 _____

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 **USAF**
 2. Date Rated **08/08/2001**
 3. Rank or Grade and Service Number **Capt / 123-45-6789**

4a. ~~Flown 10 hours PIC in last 12 months in the following Military Aircraft~~ **US Military IP in the following military aircraft: C-130J, T-6A**
 4b. ~~US Military PIC & Instrument check in last 12 months (List Aircraft - CFI ratings)~~ **being applied for on the basis of U.S. military IP qualification: Airplane Single Engine, Airplane Multiengine, Instrument Airplane**

C. Graduate of Approved Course
 1. Name and Location of Training Agency or Training Center _____
 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 _____
 2. Date _____
 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	300	265	35	PIC 35 SIC 0	65	4	PIC 4 SIC 0	45	10	10	PIC 1 SIC 0	PIC 1 SIC 0				
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																
PCATD																

IV. Have you failed a test for this certificate or rating? Yes No

V. Applicants'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 **12/02/2009**

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)
- 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)	Duration of Test		
	Ground	Simulator/FTD	Flight

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
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Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
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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 type="checkbox"/>	_____	_____
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)
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|--|--|--|--|
| <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 type="checkbox"/> Examiner's Recommendation | <input type="checkbox"/> Military Competence | <input type="checkbox"/> Renewal | |
| <input 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
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Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
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Attachments:	<input type="checkbox"/> Airman's Identification (ID)	ID:
<input type="checkbox"/> Student Pilot Certificate (Copy)	Form of ID _____	Name: _____
<input type="checkbox"/> Knowledge Test Report	Number _____	Date of Birth: _____
<input type="checkbox"/> Temporary Airman Certificate	Expiration Date _____	Certificate Number: _____
<input type="checkbox"/> Notice of Disapproval	Telephone Number _____	E-Mail Address _____
<input type="checkbox"/> Superseded Airman Certificate		