



# Airman Certificate and/or Rating Application

## I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):

Certificates	Ratings	Other Information/Requests		
<b>Pilot:</b> <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Flight <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Ground <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP	<b>Instructor:</b> <input type="checkbox"/> ASE <input type="checkbox"/> AME <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Helicopter <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Airship <input type="checkbox"/> Powered-Lift <b>Type Rating:</b>	<b>Instrument:</b> <input type="checkbox"/> Airplane <input type="checkbox"/> Basic <input type="checkbox"/> Helicopter <input type="checkbox"/> Advanced <input type="checkbox"/> Powered-Lift <input type="checkbox"/> Instrument <b>Added Rating</b>	<b>Ground Instructor:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Reexamination <input type="checkbox"/> Instrument Proficiency Check <input type="checkbox"/> Renewal <input type="checkbox"/> Reissuance <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Reinstatement <input type="checkbox"/> Flight Review <input type="checkbox"/> Limitation Removal <b>Specify other:</b> _____ <b>IPL</b>	
A. Name (Last, First, Middle)		B. SSN (U.S. Only)	C. Date of Birth <small>MM/DD/YYYY</small>	D. Place of Birth (City and State) or (City and Country)
E1. Residential Address <small>(Including City, State, Zip Code, and Country)</small>		E2. Mailing Address <small>(This address will be printed on the permanent airman certificate, if different than block E1.)</small>		F. Citizenship / Nationality <input type="checkbox"/> USA <input type="checkbox"/> Other <small>specify:</small>
G. Do you read, speak, write, & understand the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No		H. Height (inches)	I. Weight (pounds)	J. Hair Color
M. Do you hold, or have you ever held an FAA certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		M1. Grade of Certificate	M2. Certificate Number	M3. Date Issued
N. Do you hold a Medical Certificate? <input type="checkbox"/> Yes - FAA <input type="checkbox"/> Yes - Foreign <input type="checkbox"/> Yes - Military <input type="checkbox"/> No		N1. Class of Medical Certificate	N2. Name of Medical Examiner	N3. Date Issued
O. Have you ever been convicted of violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <b>Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				O1. Date of Final Conviction

## II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

<input type="checkbox"/> A. Completion of Test or Activity	1. Aircraft to be used <small>(if flight test required)</small>	2. Total time in this aircraft and/or approved FFS or FTD (hours)	a. Flight Time	b. As Pilot-in-Command
<input type="checkbox"/> B. U.S. Military Competence or Experience	1. U.S. Military Service	2. Date Rated in U.S. Military	3. Rank or Grade	
<input type="checkbox"/> C. Graduate of an Approved Course	4. List Military aircraft for which you have:	a. logged pilot time or provided flight instruction (IP) <small>(make and model)</small>	b. passed an Instrument Proficiency Check <small>(Pilot or CFI) - (make and model)</small>	
<input type="checkbox"/> D. Holder of Foreign License	1. Training Agency or Training Center:	1a. Name	1b. Location <small>(City and State)</small>	1c. Certification Number
	2. Curriculum From Which Graduated <small>(Level, Category, and Class and/or Type Rating)</small>			
<input type="checkbox"/> E. Air Carrier Training Program	1. Country that Issued the Foreign Pilot License		2. Grade of Foreign Pilot License	3. Foreign Pilot License Number
	4. Ratings Held on Foreign Pilot License <small>(FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.)</small>			
<input type="checkbox"/> E. Air Carrier Training Program	1. Name of Air Carrier		2. Date Training Began	3. Accomplished Training Program <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition <input type="checkbox"/> Recurrent

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

	Total	Instruction Received	Solo	PIC and SIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Class Totals				Number of			
													SEL PIC SIC	MEL PIC SIC	SES PIC SIC	MES PIC SIC	Flights	Aero-Tows	Ground Launches	Powered Launches
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC								
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Helicopter	Gyroplane						
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC								
Gliders				PIC SIC																
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Balloon	Airship						
FFS													SE	ME	Helicopter					
FTD																				
ATD																				

IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate AND/OR rating for which you are applying?     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 received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant	Date <small>MM/DD/YYYY</small>
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