

U.S. Department of Transportation
Federal Aviation Administration
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
Pilot: Student Recreational Flight Private Commercial Ground ATP-Restricted ATP
Instructor: Flight Ground
Ratings
Category and/or Class: ASE AME Land Sea Helicopter Balloon Glider Gyroplane Airship Powered-Lift Added Rating
Instrument: Airplane Helicopter Powered-Lift
Ground Instructor: Basic Advanced Instrument
Other Information/Requests
 Initial Reexamination Instrument Proficiency Check
 Renewal Reissuance Medical Flight Test
 Reinstatement Flight Review Limitation Removal
Specify other: IPL

A. Name (Last, First, Middle) B. SSN (US Only) C. Date of Birth (MM/DD/YYYY) D. Place of Birth (City and State) or (City and Country)

E1. Residential Address (Including City, State, Zip Code, and Country) E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.) F. Citizenship / Nationality USA Other specify: G. Do you read, speak, write, & understand the English language? Yes No
H. Height (inches) I. Weight (pounds) J. Hair Color K. Eye Color L. Sex Male Female

M. Do you hold, or have you ever held an FAA pilot certificate? Yes No M1. Grade of Certificate M2. Certificate Number M3. Date Issued

N. Do you hold, or have you ever held a Medical Certificate? Yes - FAA Yes - Foreign Yes - Military No N1. Class of Certificate N2. Name of Medical Examiner N3. Date Issued

O. 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? 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. Yes No O1. Date of Final Conviction

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

A. Completion of Test or Activity 1. Aircraft to be used (If flight test required) 2. Total time in this aircraft and/or approved FFS or FTD (hours): a. Flight Time b. As Pilot-in-Command

B. U.S. Military Competence or Experience 1. U.S. Military Service 2. Date Rated in U.S. Military 3. Rank or Grade
4. List Military aircraft for which you have: a. logged pilot time or provided flight instruction (IP) (make and model) b. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)

C. Graduate of an Approved Course 1. Training Agency or Training Center: 1a. Name 1b. Location (City and State) 1c. Certification Number 1d. Part 142? Yes No
2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating) 3. Date

D. Holder of Foreign License 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 (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.)

E. Air Carrier Training Program 1. Name of Air Carrier 2. Date Training Began 3. Accomplished Training Program Initial Upgrade Transition 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	Number of					
													Gliders	Flights	Aero-Tows	Ground Launches	Powered Launches	
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Lighter-than-air					
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC		Class Totals				
Powered Lift				PIC			PIC				PIC	PIC	Airplane	SEL	MEL	SES	MES	
				SIC			SIC				SIC	SIC		PIC	PIC	PIC	PIC	
Gliders				PIC SIC									Rotorcraft	Helicopter		Gyroplane		
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Lighter-than-air	Balloon		Airship		
FFS													FFS	SE	ME	Helicopter		
FTD													FTD					
ATD													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 (MM/DD/YYYY)