

**TEAR OFF
BEFORE USE**

U.S. Department of Transportation
Federal Aviation Administration

**SUPPLEMENTAL
INFORMATION**

AIRMAN CERTIFICATE AND/OR RATING APPLICATION - PRIVACY ACT

This supplements the form appearing below, Airman Certificate and/or Rating Application .

The information on the form is solicited under authority of Federal Aviation Regulations, Part 65.

Submission of all the data is mandatory except for Social Security Account Number which is voluntary.

The purpose of this information is to establish eligibility for certification and/or airman rating.

The data will be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

Certification cannot be completed unless the data is complete.

Disclosure of your Social Security Account Number is optional: Disclosure will facilitate maintenance of your records which are maintained in alphabetical order and cross referenced with your SSAN and airman number to provide prompt access. In the event of nondisclosure a unique number will be assigned to your file.



AIRMAN CERTIFICATE AND/OR RATING APPLICATION

- MECHANIC, AIRFRAME, POWERPLANT, REPAIRMAN, PARACHUTE RIGGER, SENIOR, MASTER, SEAT, CHEST, BACK, LAP

APPLICATION FOR: ORIGINAL ISSUANCE ADDED RATING

I. APPLICANT INFORMATION

Form section I: A. NAME, B. SOCIAL SECURITY NO., C. DOB, D. HEIGHT, E. WEIGHT, F. HAIR, G. EYES, H. SEX, I. NATIONALITY, J. PLACE OF BIRTH, K. PERMANENT MAILING ADDRESS, L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?, M. DO YOU NOW OR HAVE YOU EVER HELD AN FAA AIRMAN CERTIFICATE?, N. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE STATUTES...

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF -

Form section II: A. CIVIL EXPERIENCE, B. MILITARY EXPERIENCE, C. LETTER OF RECOMMENDATION FOR REPAIRMAN, D. GRADUATE OF APPROVED COURSE, E. STUDENT HAS MADE SATISFACTORY PROGRESS AND IS RECOMMENDED TO TAKE THE ORAL/PROACTICAL TEST (FAR 65.80), F. SPECIAL AUTHORIZATION TO TAKE MECHANIC'S ORAL/PRACTICAL TEST (FAR 65.800)

III. RECORD OF EXPERIENCE

Form section III: A. MILITARY COMPETENCE OBTAINED IN, B. APPLICANT'S OTHER THAN FAA CERTIFICATED SCHOOL GRADUATES. LIST EXPERIENCE RELATING TO CERTIFICATE AND RATING APPLIED FOR, C. PARACHUTE RIGGER APPLICANTS: INDICATE BY TYPE HOW MANY PARACHUTES PACKED

IV. APPLICANT'S CERTIFICATION

Form section IV: I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE, A. SIGNATURE, B. DATE

Form section V: I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS. DATE, INSPECTOR'S SIGNATURE, FAA DISTRICT OFFICE

Table with columns: Emp., .reg., D.O., .seal, .con, iss., Act, .lev, .TR, .s.h., .Src, #rte, Rating (1), Rating (2), Rating (3), Rating (4). Includes a LIMITATIONS section.

Results of Oral and Practical Tests

MECHANIC										
I. GENERAL - Airframe and powerplant										
ORAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
PROJ. NO.										
II. AIRFRAME STRUCTURES										
ORAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
PROJ. NO.										
III. AIRFRAME SYSTEMS AND COMPONENTS										
ORAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
PROJ. NO.										
IV. POWERPLANT THEORY AND MAINTENANCE										
ORAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
PROJ. NO.										
V. POWERPLANT SYSTEMS AND COMPONENTS										
ORAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST		PASS	<input type="checkbox"/>	EXPIRATION DATE:		FAIL		<input type="checkbox"/>		
PROJ. NO.										

PARACHUTE RIGGER					
TYPE	SEAT	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	BACK	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	CHEST	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	LAP	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
		PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>

REMARKS

DESIGNATED EXAMINER'S REPORT

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I HAVE INDICATED THE RESULT AS:

<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)
<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> FAR 65.80 - ORAL/PRACTICAL PASSED

ATTACHMENTS:

<input type="checkbox"/> REPORT OF WRITTEN TEST	<input type="checkbox"/> SUPERSEDED CERTIFICATE	<input type="checkbox"/> LETTER
<input type="checkbox"/> FAA FORM 8610-2	<input type="checkbox"/> TEMPORARY CERTIFICATE	<input type="checkbox"/> SEAL SYMBOL CARD

DATE TEST COMPLETED	EXAMINER'S SIGNATURE	DESIGNATION NO.
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APPLICANT'S CERTIFICATION

THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE (FAA FORM 8060-4)

A. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? NO Yes If "Yes," explain on an attached sheet.

B. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATES STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? NO YES → DATE OF FINAL CONVICTION

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.

A. SIGNATURE _____ **B. DATE** _____

FAA INSPECTOR'S REPORT

I HAVE -	WITH THE INDICATED RESULT -	PARACHUTE SEAL SYMBOL ASSIGNED _____
<input type="checkbox"/> EXAMINED THIS APPLICANT'S PAPERS.	<input type="checkbox"/> APPROVED	<input type="checkbox"/> ANSWER SHEET GRADED (Military Competency)
<input type="checkbox"/> PERSONALLY TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.	<input type="checkbox"/> DISAPPROVED	

DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE
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