Form approved OMB No:2120-0021

TYPE OR PRINT ALL ENTRIES IN INK

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U.S. Dep Federa	artment of T I Aviation I	ransportat Administr	ion ation	Α	irmar	n Cert	ificate	and	or Ra	ating .	Appl	ication)							
I. APPL			FION (Mar	k 'X' in all t	he blocks	applicable			ating for wh	nich you ar	e applyir	ıg):	Othor	Inform	nation	Dogues	to			
Certificates Ratings Other Information/Requests Pilot: Instructor: Category and/or Class: Instrument: Ground Instructor: Initial Reexamination Instrument Proficiency Check																				
_	Student Recreational Flight ASE AME Land Sea Airplane Basic Renewal Reissuance Medical Flight Test													heck						
Private		Commercia	al Grou				Glider		elicopter	Advance	a =	Reinstatemen				Limitation				
ATP-R	estricted	ATP		Type Ra		Airship F	owerea-Litt	ЦΡ	wered-Lift Added	instrume d Rating		ecify other:	шті	III Kevi	-vv	Limitatio		IPL		
A. Name	e (Last, First, N	Niddle)		17,77	3-		B. SSN	(U.S. Oni		C. Date of		D. Place o	f Birth (d	City and S	State) or (City and Co				
E1. Residential Address E2. Mailing Address (This address will be printed on the permanent F. Citizenship / Nationality G. Do you read, Yes																				
	ding City, State		nd Country)		[]	airman certificate, if different than block E1.)						USA Other speak, write, &								
										spe	specify: understand the English language?									
H. Height I. Weight J. Hair Color K. Eye Color																				
												(inches) (pounds)							ale	
													male							
Yes		No		an FAA ce	rtificate?	M1. Grade of Certificate M2. Certificate Nur														
N. Do you hold a Medical Certificate? N1. Class of Medical 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? <i>Do not include alcohol offenses</i> O1. Date of Final Conviction involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form. Yes No																				
II. CERT	TIFICATE C	R RATIN	G APPLIE	D FOR O	N BASIS (OF:														
	ompletion o		raft to be	used (If flight	test required	1)			Total time i			a. Flight				As Pilot				
☐'' Te	st or Activit	,	14111						or approved		. ,	·					Command			
l	J.S. Military	1. 0.5	1. U.S. Military Service 2. Date Rated in U.S									Allitary 3. Rank or Grade								
B. Competence or Experience of Computation (P) (make and for which you have: model) 4. List Military aircraft a. logged pilot time or provided flight instruction (IP) (make and for which you have: model)										e and mo	odel)									
			ning Agen		Name			1h 1	cation (City	and State)	110	c. Certification	n Numh	er		1d Pa	rt 142?)		
	aduate of a		or Training Agency							☐ Yes ☐ No										
С	Approved Course	2. Cur	riculum Fr	om Which	Graduated	ed (Level, Category, and Class and/or Type Rating)						3. Date								
Holder o		1. Cou	intry that I	ssued the I	Foreign Pi	Pilot License 2. Grade of Foreign Pilot Lic						tense 3. Foreign Pilot License Number								
D	Foreign License	4. Rat	ings Held	on Foreign	Pilot Lice	NSE (FAA equ	iivalent only – e	e.g. ASEL, A	MEL, Type rati	ing, etc.)										
Air Carrier 1. Name of Air Carrier 2. Date Training Began 3. Accomplished Training Program																				
☐E.	Training								2. 54.	,ag	[Initial				tion	Recur	rent		
III DEC	Program ORD OF PI	L OT TIM	E (Do not	write in th	o chadad	(aroac)														
III. KLC	OKD OF FI			PIC	Cross Country				Night	Night		Night		Class Tota	ls		Num	ber of		
	Total	Instruction Received	Solo	and SIC	Instruction Received	Cross Country Solo	PIC/SIC	Instrument	Instruction Received	Take-Off / Landing	Night PIC/SIC	Take- Off/Landing PIC/SIC	PIC	PIC E	ES MES IC PIC IC SIC	Fliahts	Aero- Tows	Ground Launches	Powered Launches	
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC								
				PIC			PIC				PIC	PIC	Helicopte	· ·	Gyroplane					
Rotorcraft				SIC			SIC				SIC	SIC	riencopii		Gyropiane					
Powered				PIC			PIC				PIC	PIC								
Lift				SIC	1		SIC				SIC	SIC								
Gliders				PIC SIC																
Lighter-				PIC			PIC				PIC	PIC	Balloon	Т	Airship					
Than-Air				SIC	1		SIC				SIC	SIC								
FFS													SE	ME	Helicopte					
FTD																				
ATD																				
	nu previously recoi	ved a Notice of I	Disannroval or he	en denied for some	reason for the o	ertificate AND/OP	rating for which we	u are applying	Voc	□ No			<u> </u>							
	N. Have you previously received a Notice of Disapproval or been deriled 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 ce	ertificate to m	e. I have rece	certify that all sived the Pilot's	statements an Bill of Rights	ia answers pro S Written Notific	vided by me or cation of Invest	n inis applica igation that a	uon torm are c iccompanies th	omplete and t his form. I hav	rue to the be e also read a	est of my knowle and understand t	age and I a he Privacy	gree tha Act state	iney are ment that	to be cons t accompa	sidered as nies this f	part of to orm.	ne basis	
Signatur	e of Applic	ant									Date									
1											MM/DD/YYYY									

Accepted Studen	t Pilot Application -	I have personally reviewe lity requirements and verif	ed the applicant's int	formation and dentification.		Instruc	ctor Action	Rejecte	ed Student Pil	ot Applicat	ion					
Flight Review	_	ment Proficiency Ch			tion - <i>I h</i>		ally instructed the applica	ant and co	onsider this p	erson rea	dy to take the test.					
Date	Certifie	d Flight Instructor's	Signature (Print	Name and Sig	n)		Certificate Number					CFI Certific	ate Expires			
				ŀ	Air Ag	ency's	Recommendation	on								
The applicant has suc	cessfully comp	leted our						_ cours	e, and is re	ecommer	nded for certificate	or rating wit	hout further practical test.			
Date Agency Name and Number									Official Signature							
			Daalamata	al Cuonalia		Λ !	Contification Da		mtativa	Danas						
Accented-Stu	udent Pilot Appl	cation	Designate	a Examin	er or	Airman	Certification Re	•	entative ted Student	•						
			ogbook and/or tr	aining record	I, and I o	certify that	the individual meets the	•			•	for the certifi	icate or rating sought.			
	,	0								,	riginal ATP CTP gr	raduation cer	tificate must be attached)			
I have perso	nally tested and			•			and standards with the fication under the Pi				annlicant					
		۰ ا Approved – Tempora	•	•		-	Disapproved – Di		•		• •					
Location of Test (Name of Facility or Airport, City, State)									Ground /	/ Oral	Durat FFS / F	ion of Test	Flight			
									Ground			10	riigitt			
Certificate or Rating I	Being Applied I	or (Grade, Category, o	(Grade, Category, Class and/or Type Rating)				of Aircraft Used			Registr	ration Number(s)					
Date	Examiner's S	ignature (Print Name	ature (Print Name & Sign)					Certificate Number			ation Number	Designation Expires				
		E		Record (L	Jse fo	r All A1	P Certificate(s)			-	(s))					
			Inspector	Examiner			Signature a	and Cert	ificate Num	nber			Date			
Ground / Oral																
Approved FFS/FTD (Check															
Aircraft Flight Check																
Advanced Qualification	on Program			П												
				<u> </u>												
l hava naraanally taat	ad this applican	et in accordance with					ctor or Technici		•	ndordo	nolicies, and or no		viromonto with the recult			
		need only ch <u>eck</u> ed ii	f the Inspector i	is the one tha	at issued	d the temp	orary airman certificat	te)				cessary requ	uirements with the result			
	П	∐ ha Approved – Tempora					ation under the Pilot Disapproved – Disappro		•		plicant. Original Attached)					
Accepted - Stud									1			Rejecte	ed - Student Pilot Application			
Location of Test (Nan	ne or Facility or Al	rport, City, State)							Ground	l / Oral	FFS / I		Flight			
0 115 1 5 11						I= ()	641			To	1 ()					
Certificate or Rating I	Being Applied I	- Or (Grade, Category, (Class and/or Type	Rating)		Type(s)	of Aircraft Used			Registr	ration No.(s)					
Certification Activitie										1	Certificate or Ra	ating Based o	n:			
Examiner's Reco		ovided/Reviewed		Instructor Ce	ertificate	Issued	Flight Instructor C		_		Approved FA Criteria Not I		, ,			
Application for a S		rtificate Accepted	Basic				Initial Rene		_	ment	_		Foreign License			
Reissue or excha			Advar				Instructor Renewa		Special medical test conducted report forwarded							
Reissue of exchange of pilot, CFI, or G.I. Certificate Instrument Activity Training Course to issuing medical office or AAM-300 Change of name, nationality, gender or date of birth Test Duttes and Responsibilities Special Test-Reexamination (44709) conductions.																
SIC Type Rating	issued under §	61.55(b) (Part 91)					Military Instruc				· ·	roved	Disapproved			
Training Course (FIR	C) Name				Gradua	tion Certifi	cate Number					Date of FIR	C Graduation Certificate			
Date	Inspector's S	ignature (<i>Print Name</i> a	ture (Print Name & Sign)							Numbe	r	FAA Office (e.g. SO-15, WP-19)				
Attachments:		Airman's	Airman's Identification (ID) (U.S. driver's license or passport recommended)							Applicant Information (required if printed on 2 pages)						
Certifying Stater	ment	Form of ID								Name						
College Transcr	ipt (Official)	ID Number (II	ID Number (If issued by State, include State)							Date of Birth						
ATP CTP Gradu	uation Certificat	е	Expiration Date (must be valid)													
Knowledge Tes	t Report								Certificate Number							
Temporary Airn	nan Certificate	Telephone No	Telephone Number						E-Mail Address							
Notice of Disap	proval		wiation English Lan		су	Does Not M	eet FAA Aviation English La	anguage P	roficiency							
Superseded Air	man Certificate	KEIVIAKKS IFOF	m Inspector or E	_xaniinef :												

FAA Form 8710-1 (04-16) Supersedes Previous Edition