												07/31/2020	
							PRIVATE PILOT						
	MINER DESIGNATION					DESIGNATION	COMME	RCIAL PILOT E	XAMINE	MINER			
U.S. Department	UALIFICATION RECORD					NAT	AIRLINE TRANSPORT PILOT EXAMINER						
of Transportation AND QUALIFICATION RECORD						SIG	PROFICIENCY PILOT EXAMINER						
Federal Aviation Administration								FLIGHT ENGINEER EXAMINER					
Attach supplemental sheets if more space is required for any item							E OF	FLIGHT INSTRUCTOR EXAMINER					
1. NAME (Last, first, middle)  Telephone No.							>						
2. ADDRESS (Number, street, city, state, and ZIP code)							OTHER						
2. ADDRESS (Number, Street, City	, state, and z	zir code)		3. DA			OFB	F BIRTH (Month, day, and year) 4. U.S. CITIZEN YES					
											NO		
5. DO YOU NOW HOLD, OR HAV	/E YOU		YES -	TYPE AND N	UMBER	<u> </u>							
EVER HELD, AN EXAMINER [	DESIGNATIO	ОИ	NO										
6. HAS ANY CERTIFICATE OR R THE FEDERAL AVIATION REGU					REVOKE	D OR HA	VE Y	OU PAID A	CIVIL PENALT	Y AS A F	RESULT O	F A VIOLATION OF	
YES													
NO													
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PILOT-IN-COMMAND													
FLIGHT INSTRUCTION GIVEN													
COPILOT													
FLIGHT NAVIGATOR													
FLIGHT ENGINEER													
		9. EN	IPLOYMENT	(Indicate prof	essional ex	perience	pertir	nent to this d	esignation)				
EMPLOYER'S NAME		NATURE OF WORK					DATES				TITLE OF POSITION		
10. SPECIAL TRAINING PERTINE	ENT TO THE	DESIGNATIO	DN			1			<u>'</u>				
CERTIFICATION: I certify that I am this designation may be terminated up	familiar with t	the requirement	s for this desig	nation, its priv	ileges and li	mitations	, and th	hat the inform	ation stated here	ein is true	. It is unders	stood that	
PAPERWORK REDUCTION ACT comply with a collection of informatic Control Number for this collection is a crequired to obtain or retain benefits pe burden to the FAA at: 800 Independent	STATEMEN on subject to the 2120-0033. Puburces, gatherin r 14 CFR Part	IT: A federal age the requirements tablic reporting foi ing and maintain t 183. Send com	ency may not co of the Paperwo or this collection ting the data ne- ments regarding	onduct or spon ork Reduction A n of information eded, completing this burden en	sor, and a pe Act unless th in is estimate ing and revie stimate or ar	erson is no at collecti ed to be ap wing the only other as	ot requi ion of i oproxir collect	ired to respond information di mately 30 min ion of information of this collection	d to, nor shall a p splays a currentl utes per responsa- tion. All respons	y valid O! e, includir ses to this	MB Control ng the time f collection o	Number. The OMB for reviewing of information are	
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PRIVACY ACT STATEMENT. The information on this form is solicited under authority of the Federal Aviation Regulations Part 183. The purpose of this information is to establish your qualifications as an examiner. Submission of the data is mandatory. Incomplete submission may result in delay or denial of your request. The data will be used to determine your eligibility as an examiner, and for statistical purpose In addition, the data also becomes part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and is subject to the additional conditions of that published system.  DISTRICT CERTIFICATE MANAGEMENT OR REGIONAL  SIGNATURE  TYPE OF DESIGNATION  CERTIFICATE OF AUTHORITY ISSUED													
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