



U.S. Department
of Transportation
Federal Aviation
Administration

**EXAMINER DESIGNATION
AND QUALIFICATION RECORD**

TYPE OF DESIGNATION

PRIVATE PILOT
COMMERCIAL PILOT EXAMINER
AIRLINE TRANSPORT PILOT EXAMINER
PROFICIENCY PILOT EXAMINER
FLIGHT ENGINEER EXAMINER
FLIGHT INSTRUCTOR EXAMINER
OTHER

Attach supplemental sheets if more space is required for any item

1. **NAME** (Last, first, middle) _____ Telephone No. _____

2. **ADDRESS** (Number, street, city, state, and ZIP code) _____

3. **DATE OF BIRTH** (Month, day, and year) _____

4. **U.S. CITIZEN**

YES
NO

5. **DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN EXAMINER DESIGNATION**

YES	TYPE AND NUMBER
NO	

6. **HAS ANY CERTIFICATE OR RATING ISSUED YOU EVER BEEN SUSPENDED OR REVOKED OR HAVE YOU PAID A CIVIL PENALTY AS A RESULT OF A VIOLATION OF THE FEDERAL AVIATION REGULATIONS.** (Complete for original designations only)

YES
NO

7. CERTIFICATES HELD

TYPE	CERTIFICATE NO.	RATINGS	DATE ISSUED

8. FLIGHT EXPERIENCE (in hours)

	AIRPLANE		ROTOR TYPE		GLIDERS		AIRSHIPS		INSTRUMENT FLIGHT (Actual or sim)	NIGHT FLIGHT
	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO		
PILOT-IN-COMMAND										
FLIGHT INSTRUCTION GIVEN										
COPILOT										
FLIGHT NAVIGATOR										
FLIGHT ENGINEER										

9. EMPLOYMENT (Indicate professional experience pertinent to this designation)

EMPLOYER'S NAME	NATURE OF WORK	DATES	TITLE OF POSITION

10. SPECIAL TRAINING PERTINENT TO THE DESIGNATION

CERTIFICATION: I certify that I am familiar with the requirements for this designation, its privileges and limitations, and that the information stated herein is true. It is understood that this designation may be terminated upon notice by the FAA for the reasons specified in section 183.15(c) of the Federal Aviation Regulations.

PAPERWORK REDUCTION ACT STATEMENT: The information collected on this form is necessary to determine applicant eligibility for Designated Pilot Examiner, Proficiency Pilot Examiner and Airman Certification Representative. The information is used to determine certification eligibility. We estimate that it will take 30 minutes to complete the form. The information collection is required to obtain a benefit. The information collected becomes part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0033. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave, SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA 20.

DATE _____ SIGNATURE _____

FOR FAA USE							
TYPE OF ACTION		FLIGHT TEST ACTIVITIES-GENERAL AVIATION <i>(Complete for renewals and additional designations)</i>			DATE LAST REPORT SUBMITTED		
	ORIGINAL ISSUANCE	CERTIFICATES/RATINGS	TOTAL SUBMITTED	DISAPPROVED BY EXAMINER	ACCEPTED BY INSPECTOR	RECHECKED BY INSPECTOR	NO. RETURNED FOR CORRECTION
	RENEWAL						
	ADDITIONAL AUTHORITY	PRIVATE PILOT					
		COMMERCIAL PILOT					
	SPOT CHECK ONLY- NO RENEWAL EFFECTED	AIRLINE TRANSPORT PILOT					
		INSTRUMENT RATING					
	REINSTATEMENT	ADDITIONAL RATINGS	PRIVATE				
			COMMERCIAL				
			ATR				
Complete for original issuance and reinstatements only	CHARACTER AND REPUTATION <i>(Include industry and community reputation as well as personal knowledge possessed by FAA personnel)</i>						
	PROFESSIONAL ABILITY <i>(Brief narrative description of examiner indoctrination and training given and results expressed as "good," "excellent," or "unsatisfactory.")</i>						
INSPECTOR'S RECOMMENDATION/ACTION						APPROVE	
						DISAPPROVE	
JUSTIFICATION FOR APPROVAL/REASONS FOR DISAPPROVAL							
The individual named has been flight tested/examined and deemed competent to perform the duties of the designation indicated below.							
DESIGNATION			CATEGORY	ADDITIONAL QUALIFICATIONS LIMITATIONS <i>(For pilot flight engineer examiner give aircraft category)</i>			
		PRIVATE PILOT	AIRPLANE				
		COMMERCIAL PILOT EXAMINER	ROTORCRAFT				
		AIRLINE					
		PROFICIENCY PILOT EXAMINER	GLIDER				
		FLIGHT ENGINEER EXAMINER	AIRSHIP				
	FLIGHT INSTRUCTOR EXAMINER						
DATE		OFFICE NO.		INSPECTOR'S SIGNATURE			
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 purposes. 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.							
REGIONAL OFFICE ACTION							
	CONCUR	DATE		SIGNATURE			
	DISAPPROVE						
TYPE OF DESIGNATION				CERTIFICATE OF AUTHORITY ISSUED			
				NO.	DO TO SERVE UNDER	EXPIRATION DATE	