



U.S. Department
of Transportation
Federal Aviation
Administration

INFORMATION FOR APPLICANT

Application For An Airman Certificate and/or Rating

Privacy Act Statement

Information requested on this form is solicited under the authority of Title 49 of the United States Code (Transportation) sections 109(9), 40113(a), 44701-44703, and 44709 (1994), formerly codified in the Federal Aviation Act of 1958, as amended, and Title 14 of the Code of Federal Regulations (CFR), Part 67, Medical Standards and Certification. Submission of this information is mandatory and incomplete submission will result in delay of consideration or denial of application for an airman medical certificate.

The purpose of this information is to determine whether an applicant meets Federal Aviation Administration medical requirements to hold an airman medical certificate for further consideration under 14 CFR 11.53 and 67.401. It is also used to depict airman population patterns and to update certification procedures and medical standards. The information collected on this form becomes a part of the Privacy Act System of Records DOT/FAA 847, General Air Transportation Records on Individuals, and is provided the protection outlined in the system's description as published in the Federal Register.

Paperwork Reduction Act Statement:

The information collected on this form is necessary to determine applicant eligibility for flight engineer or flight navigator certificates. The information is used to determine certification eligibility. We estimated that it will take 6 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 847, General Air Transportation Records on Individuals. 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 2120-0007.

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

Tear off this cover sheet before submitting this form.



Application For An Airman Certificate and/or Rating

- | | | |
|---|--|--|
| <input type="checkbox"/> Flight Engineer | <input type="checkbox"/> Flight Navigator | <input type="checkbox"/> Aircraft Dispatcher |
| <input type="checkbox"/> Reciprocating Engine Powered | <input type="checkbox"/> Control Tower Operator | <input type="checkbox"/> Reissuance of Certificate |
| <input type="checkbox"/> Turbopropeller Powered | <input type="checkbox"/> VFR Tower Rating | <input type="checkbox"/> Additional Rating |
| <input type="checkbox"/> Turbojet Powered | <input type="checkbox"/> Non-Radar Approach Control Tower Rating | |

1. TYPE OF AIRCRAFT TO BE USED	2. TIME IN THIS AIRCRAFT	3. NAME OF EMPLOYER
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4. Applicant Identification

A. NAME (First, Middle, Last)				K. PERMANENT MAILING ADDRESS <i>(Include Zip Code)</i>					
B. SOCIAL SECURITY NO.				TELEPHONE NO.					
F. HAIR	G. EYES	H. SEX	I. NATIONALITY						
J. PLACE OF BIRTH									

5. Certificates Held by Applicant

- | | | |
|--|--|---|
| A. <input type="checkbox"/> Pilot | <input type="checkbox"/> B. Flight Navigator | <input type="checkbox"/> E. Ground Inspector |
| <input type="checkbox"/> Airline Transport | <input type="checkbox"/> C. Control Tower Operator | <input type="checkbox"/> F. Aircraft Dispatcher |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Private | <input type="checkbox"/> G. Mechanic |

6. Applicant's Certification I certify that I meet all pertinent requirements of the Regulations for the certificate or rating applied for

_____ Date _____ Applicant's Signature

Instructor's Recommendation

7. I consider the above applicant ready to take the test for which he/she is applying: A. Oral Test or C. Practical Test Aircraft Dispatcher B. Flight

D. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.
E. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.

8. Evaluation Record

	Inspector	Examiner	Signature	Date
Oral				
Practical Test Aircraft Dispatcher				
Practical Test Control Tower Operator				
Simulator Check				
Aircraft Flight Check				

9. Inspector's Record

- Temporary Airman Certificate Issued Notice of Disapproval of Application Issued Examiner's Action Accepted

DATE					INSPECTOR'S SIGNATURE										FAA OFFICE				
CP	REQ.	OFFICE	COM	ISS	ACT	EMP	TRN	M.T.	DIS	CLASS	SEX	RATING	STATE	COUNTY	<input type="checkbox"/> Aircraft Dispatcher	<input type="checkbox"/> IFO Mailing			
															<input type="checkbox"/> Special Mailing	<input type="checkbox"/> Correspondence			
															<input type="checkbox"/> Airmail				

10. Practical Test Report

Grading Legend (All applicable items must be graded S or U)
Explain in "Remarks" all items which are not graded.
S-Satisfactory, U-Unsatisfactory

Item No.	A. Flight Engineer	Grade		Item No.	C. Aircraft Dispatcher	Grade		
		Examiner	Inspector			Examiner	Inspector	
1	Equipment Examination (Oral)			1	Aircraft			
2	Preflight Inspection			2	Air Routes and Airports			
3	Normal Operating Procedures			3	Altimeters			
4	Abnormal Operating Procedures			4	Weather Analysis			
5	Performance Data and Cruise Control			5	Airman's Information Manual			
6	Trouble Shooting			6	Dispatch and Assistance			
7	Emergency Procedures			7	Emergency Procedures			
8	Forms and Records							
Item No.	B. Flight Navigator	Grade		Item No.	D. Control Tower Operator	Grade		
		Examiner	Inspector			Examiner	Inspector	
9	Post Flight				VFR TOWER RATING			
10	Crew Coordination			1		The Control Tower		
11	Judgement			2		The Airport		
				3		The Control Zone		
1	Equipment (Oral)			4		Notice to Airmen		
2	Equipment Check			5		Weather Facilities and Procedures		
3	Preflight Training			6		A Demonstration of Ability to Control Air Traffic Under VFR		
4	Normal Navigation Procedures					NON-RADAR APPROACH CONTROL TOWER RATING		
5	Knowledge of Navigation Methods			1		Air Traffic Control Facilities		
6	Co-ordination of Navigational Methods			2		Air Navigation Facilities		
7	Emergency Procedures			3		Use of Airman's Information Manual		
8	Co-ordination of Duties			4	Holding Procedures			
9	Crew Coordination			5	Approach Procedures			
10	Judgement			6	Missed Approach Facilities			
11. Route of Flight Check				7	Alternate Airports			
From		To		Hours		8	Search and Rescue Procedures	
				Day Night		9	A Demonstration of Ability to Control Air Traffic Under IFR	
						10	Airport Identification	
<input type="checkbox"/> Airmans Identification (ID)								
_____ Form of ID								
_____ Number								
_____ Expiration Date								

10. Remarks