

TYPE OR PRINT ALL ENTRIES IN INK

 U.S. Department of Transportation Federal Aviation Administration		<h2 style="margin: 0;">Remote Pilot Certificate and/or Rating Application</h2>			
I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):					
Ratings			Other Information/Requests		
<input type="checkbox"/> Small Unmanned Aircraft System			<input type="checkbox"/> Initial <input type="checkbox"/> Recurrent <input type="checkbox"/> Other <i>specify:</i>		
A. Name (Last, First, Middle)		B. SSN (US Only)	C. Date of Birth <small>MMDDYYYY</small>	D. Place of Birth (City and State) or (City and Country)	
E1. Residential Address (include City, State, Zip Code & Country)		E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1)		F. Citizenship / Nationality <input type="checkbox"/> USA <input type="checkbox"/> Other <i>specify:</i>	
				G. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		H. Height (inches)		I. Weight (pounds)	J. Hair Color
				K. Eye Color	
L. Do you read, speak, write, and understand the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No		L1. If you answered "No" to question 'L', are you unable to read, speak, write, or understand the English language due to medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
M. Do you hold, or have you ever held an FAA certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		M1. Grade of Certificate	M2. Certificate Number		M3. Date Issued
M4. If you hold a Pilot Certificate, have you accomplished a flight review in accordance with §61.56(c)? <input type="checkbox"/> Yes <input type="checkbox"/> No			M5. Date of Last Flight Review		
N. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Final Conviction: If you answered Yes, please explain:					
O. Have you ever been denied a remote pilot certificate for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:					
<input type="checkbox"/> A. Completion of Knowledge Test (attach knowledge test results with application)					
<input type="checkbox"/> B. Completion of Training Course (attach training course completion certificate with application)					
III. 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 certificate to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form and have read and understand the Privacy Act statement that also accompanies this form.					
Signature of Applicant				Date <small>MMDD/YYYY</small>	

Submitting Official's Report					
<input type="checkbox"/> I have personally reviewed this application and I certify that the individual meets the applicable requirements of 14 CFR Part 107 for the certificate or rating sought.					
<input type="checkbox"/> I have personally verified the applicant's identification.					
<input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.					
Applicant meets FAA Aviation English Language Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Application Accepted <input type="checkbox"/> Temporary Certificate Issued <input type="checkbox"/> Application Rejected <i>specify:</i>					
Designated Examiner or Airman Certification Representative Signature					
Date	Examiner's Signature (Print Name & Sign)	Certificate Number	Designation Number	Designation Expires	
Aviation Safety Inspector or Technician Signature					
Date	Inspector's Signature (Print Name & Sign)	Certificate Number	FAA Office Code		
Authorized Instructor Signature					
Date	Instructor's Signature (Print Name & Sign)	Certificate Number	Certificate Expires		
Attachments: <input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Training Course Completion Certificate <input type="checkbox"/> Temporary Certificate <input type="checkbox"/> Other <i>specify:</i>		Airman's Identification(ID) (US Driver's License or passport recommended) Form of ID ID Number Expiration Date Telephone Number Remarks		Applicant Information Name Date of Birth Certificate Number E-mail Address	