



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.

| | |
|------|-----------|
| 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 | PRIVATE PILOT | | | | | |
| | ADDITIONAL AUTHORITY | COMMERCIAL PILOT | | | | | |
| | | AIRLINE TRANSPORT PILOT | | | | | |
| | SPOT CHECK ONLY- NO RENEWAL EFFECTED | 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 | | PRIVATE PILOT | AIRPLANE | ADDITIONAL QUALIFICATIONS LIMITATIONS <i>(For pilot flight engineer examiner give aircraft category)</i> | | | |
| | | COMMERCIAL PILOT EXAMINER | | | | | |
| | | AIRLINE | ROTORCRAFT | | | | |
| | | 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 | |