

DAR-F SUPPLEMENTAL APPLICATION INFORMATION
This document is required to be completed for DAR-F applicant

Applicant Name:	
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Place a check mark in the box for the type of authorizations you are seeking.

- Aircraft Certification Functions
- Aircraft Certification Functions for Amateur Built and Light Sport Aircraft
- Aircraft Certification Functions for Unmanned Aircraft Systems
- FAA Conformity Determination Functions
- Issuance of FAA Form 8130-3, Domestic
- Issuance of FAA Form 8130-3, Export

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Relevant Work Experience

The following experience is for **Aircraft Certification Functions**

EXPERIENCE

Name of Employer/Organization:	Telephone Number:
Street Address:	City:
State (Country if other than USA):	Zip/Postal Code:
Job/Position Title:	Dates Employed: From: _____ To: _____
Supervisor's Name:	Production Approval Holder (PAH), FAA Air Agency or Air Operator Certificate Number (If applicable):
<p>Describe your experience that pertains to the authorization sought. You must provide detailed information to allow the FAA to adequately evaluate your experience against qualification requirements. Failure to provide dates, the type of aeronautical work, points of contact, and company information may result in a determination of not qualified or completely stop the evaluation.</p> <p>Detail your experience here and use extra sheets as necessary:</p>	

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The following experience is for Aircraft Certification Functions for

Amateur Built and Light Sport Aircraft

EXPERIENCE

Name of Employer/Organization:	Telephone Number:
Street Address:	City:
State (Country if other than USA):	Zip/Postal Code:
Job/Position Title:	Dates Employed: From: _____ To: _____
Supervisor's Name:	Production Approval Holder (PAH), FAA Air Agency or Air Operator Certificate Number (If applicable):
Detail your experience here and use extra sheets as necessary:	

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Fill out the following to ***document three condition inspections*** when applicable for

Amateur Built and/or Light Sport qualification

Registration Number:	Serial Number:	Manufacturer:
Model:	Type of construction:	Type of Certification: <input type="checkbox"/> LSA <input type="checkbox"/> ELSA <input type="checkbox"/> AB
Date:	Did this lead to the issuance of a certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of inspection:

Registration Number:	Serial Number:	Manufacturer:
Model:	Type of construction:	Type of Certification: <input type="checkbox"/> LSA <input type="checkbox"/> ELSA <input type="checkbox"/> AB
Date:	Did this lead to the issuance of a certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of inspection:

Registration Number:	Serial Number:	Manufacturer:
Model:	Type of construction:	Type of Certification: <input type="checkbox"/> LSA <input type="checkbox"/> ELSA <input type="checkbox"/> AB
Date:	Did this lead to the issuance of a certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of inspection:

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------------------------	--

The following experience is for **FAA Conformity Determination**

EXPERIENCE

Name of Employer/Organization:	Telephone Number:
Street Address:	City:
State (Country if other than USA):	Zip/Postal Code:
Job/Position Title:	Dates Employed: From: _____ To: _____
Supervisor's Name:	Production Approval Holder (PAH), FAA Air Agency or Air Operator Certificate Number (If applicable):
Detail your experience here and use extra sheets as necessary:	

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------------------------	--

The following experience is for **Issuance of FAA Form 8130-3, Domestic**

EXPERIENCE

Name of Employer/Organization:	Telephone Number:
Street Address:	City:
State (Country if other than USA):	Zip/Postal Code:
Job/Position Title:	Dates Employed: From: _____ To: _____
Supervisor's Name:	Production Approval Holder (PAH), FAA Air Agency or Air Operator Certificate Number (If applicable):
Detail your experience here and use extra sheets as necessary:	

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------------------------	--

The following experience is for **Issuance of FAA Form 8130-3, Export**

EXPERIENCE

Name of Employer/Organization:	Telephone Number:
Street Address:	City:
State (Country if other than USA):	Zip/Postal Code:
Job/Position Title:	Dates Employed: From: _____ To: _____
Supervisor's Name:	Production Approval Holder (PAH), FAA Air Agency or Air Operator Certificate Number (If applicable):
Detail your experience here and use extra sheets as necessary: 	

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Other information pertinent to your appointment request:

<p>Do you or have you previously held an FAA delegation Authorization?</p> <p>Example: Designated Engineering Representative (DER), Designated Airworthiness Representative (DAR).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, please list the designation type, designee number(s) and dates of appointment:</p> <p>Designee Number: _____</p> <p>Designee TYPE: _____</p>	<p>Date of appointment: _____</p> <p>Date of Termination: _____</p>
<p>Designee Number: _____</p> <p>Designee TYPE: _____</p>	<p>Date of appointment: _____</p> <p>Date of Termination: _____</p>

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Applicant References:

Character References: (*Mandatory Information)

Please provide ***three verifiable character references*** to substantiate that the applicant possesses integrity and sound judgment.

Name:	Telephone Number:
Name:	Telephone Number:
Name:	Telephone Number:

Technical References: (*Mandatory Information)

Please provide three verifiable technical references to substantiate that the applicant possesses the required technical expertise for the designation sought. (These references may be the same individuals used as character references).

Name:	Telephone Number:
Name:	Telephone Number:
Name:	Telephone Number:

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Education, Training and Certifications

	Yes	No	Year
Did you graduate from high school?			
Did you earn a GED?			

POST Secondary Education

School Name	Location	Degree/Certificate and Graduation Date

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Job/Technical Related Training

School Name	Location	Training Type and Completion Date

Other FAA Certificates Held

Provide the details of any FAA certificates held. For Repairman Certificates, also include the limitations stated on the certificate in the "RATINGS" column.

CERTIFICATE TYPE	CERTIFICATE NUMBER	RATINGS	DATE OF ISSUANCE