

# INFORMATION FOR APPLICANT

# **STATEMENT OF QUALIFICATIONS (DAR - DMIR - DER)**

Privacy Act Statement\_

Privacy Act Statement (5 U.S.C. § 552a(e)(3)):

**Authority:** Information on FAA Form 8110-14, Statement of Qualifications, is solicited under the authority of <u>Title 14 of Code of Federal Regulations, Part 183</u>.

**Purpose:** The purpose of collecting this information is to evaluate an application, to establish an applicant's qualifications as a designee and to determine the applicant's eligibility for the designation sought.

**Routine Uses:** In accordance with the Privacy Act system of records <u>DOT/FAA 830</u>, <u>Representatives of the Administrator</u>, this information is routinely used to provide the public with the names and addresses of certain categories of representatives who may provide service to them. The Department has also published 15 additional routine uses applicable to all DOT Privacy Act systems of records. These routine uses are published in the Federal Register at 84 FR 55222 - October 15, 2019 and 77 FR 42796 - July 20, 2012, and under "Prefatory Statement of General Routine Uses" (available at <u>http://www.transportation.gov/privacy/privacyactnotices</u>).

**Disclosure:** Submission of the data is voluntary and will become part of Privacy Act System of Records DOT/FAA 830 Representatives of the Administrator. Incomplete submission may result in delay or denial of your request.

### Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0033. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

All responses to this collection of information are required to obtain or retain a benefit under 14 CFR part 183. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

#### Tear off this cover sheet before submitting this form.

## FAA Form 8110-14, Statement of Qualifications

Organizations complete only the applicable blocks and attach separate resumes with the names, signatures, titles, and qualifications of those persons who would actually perform the authorized functions.

| STATEMENT OF QUALIFICATIONS   |                 |           |                        |                        |                  |                        |               |                           |                         | Form Approved OMB No. 2120-0033  |          |  |
|---|-----------------|-----------|------------------------|------------------------|------------------|------------------------|---------------|---------------------------|-------------------------|--|----------|--|
| US Department of Transportation (DAR-DMIR-DER)  |                 |           |                        |                        |                  |                        |               |                           |                         | Expires: July 31, 2020<br>3. U.S. CITIZEN  |          |  |
| Federal Aviation Administration   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| INSTRUCTIONS: Print or type all entries except signatures   |                 |           |                        |                        |                  |                        |               |                           |                         | Yes No   |          |  |
| 1. NAME (Last, first, middle) OR ORGANIZATION   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| 2. BUSINESS OR COMPANY ADDRESS (Number, street, city, state, and ZIP code   |                 |           |                        |                        |                  |                        |               | de)                       |                         |  | BIRTH    |  |
| 5. BUSINESS PHONE NUMBER  |                 |           |                        | 6. BUSINESS FAX NUMBER |                  |                        |               |                           | 7. EMAIL                | EMAIL ADDRESS  |          |  |
| 8. DESIGNATION SOUGHT   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| Designated Engineering  |                 |           | Structural Engineering |                        |                  |                        |               |                           | Engine En               | gineering  |          |  |
| Representative (DER)  |                 |           | Powerplan              | t Eng                  | gineering        | neering                |               |                           | Propeller E             | Engineering  |          |  |
| Company   |                 |           | Systems a              | quipment Engineerir    | ng               |                        |               | Flight Anal               | lyst                    |  |          |  |
| Consul  |                 | Acoustica | Acoustical Engineering |                        |                  |                        |               | Flight Test Pilot         |                         |  |          |  |
| Manufacturing Function(s)   |                 |           |                        |                        | Note:            |                        |               |                           | te:                     |  |          |  |
| Designated Airworthiness Representative (DAR)   |                 |           |                        |                        |                  |                        |               |                           |                         | eparate application must be submitted for each<br>sipline, i.e., Manufacturing or Engineering. |          |  |
| ,   | nated Manufac   |           |                        |                        |                  | cipline, i.e.          | , Manufacturi | ng or Engineering.        |                         |  |          |  |
| Applicants shall identify specific function(s) for which appointment is sought:   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| 9. EXPERIENCE RESUME FOR NUMBER OF YEARS, AS APPROPRIATE, PERTINENT TO DESIGNATION SOUGHT. (Use additional sheets if necessary)   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| Dates   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| From  | From To Employe |           |                        |                        | 's Name          |                        |               | Position Title and Duties |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| 10. EDUCATION AND TRAINING HIGH SCHOOL LEVEL AND ABOVE PERTINENT TO DESIGNATION SOUGHT.   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| Dates   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| From  | То              |           | Name of S              | Schoo                  | bl               | riculum or Study Progr |               |                           | ram                     | Degrees Received   |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         | ,  | 5        |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| 11. FAA CE  | RTIFICATES N    |           |                        | O DE                   | SIGNATION SOUG   | HT.                    |               |                           |                         |  |          |  |
| Type Certificate No.  |                 |           |                        |                        | Rating           |                        |               |                           | Date Each Rating Issued |  |          |  |
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|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| 12. EMPLOYER'S RECOMMENDATION:  |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| I recommend the person identified above be appointed as:  |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| L L Designated Engineering Representative   |                 |           |                        |                        |                  |                        |               |                           |                         | Designated Airworthiness<br>Representative   |          |  |
| Date Primary Business   |                 |           |                        |                        | Signature        |                        |               |                           |                         |  |          |  |
| 13. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED IF DIFFERENT THAN BLOCK 2.  |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
| Address   |                 |           |                        |                        | Telephone Number |                        |               |                           |                         | EMAIL Address (Optional)   |          |  |
| 14. <b>CERTIFICATION</b> : I certify that the above statements are true to the best of my knowledge and that I am familiar with the Federal Aviation Regulations pertinent to the designation sought. |                 |           |                        |                        |                  |                        |               |                           |                         |  |          |  |
|   |                 | Signature |                        |                        |                  |                        |               |                           |                         |  |          |  |
| Duit  | Date Signature  |           |                        |                        |                  |                        |               |                           |                         |  |          |  |