



## FAA Form 8710-6, Examiner Designation and Qualification Record Supplemental Information

OMB CONTROL NUMBER: 2120-0033  
EXPIRATION DATE: 07/31/2020

### Privacy Act Statement

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

**Authority:** Information on Federal Aviation Administration (FAA) Form 8710-6, Examiner Designation and Qualification Record is solicited under the authority of [Title 14 of Code of Federal Regulations, Part 183 \(14 CFR part 183\)](#).

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

**Routine Uses:** In accordance with the Privacy Act system of records [DOT/FAA 830, Representatives of the Administrator](#), 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 77 FR 42796 - July 20, 2012 and 84 FR 55222 - October 15, 2019 under "Prefatory Statement of General Routine Uses" (available at <http://www.transportation.gov/privacy/privacyactnotices>).

**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 2120-0022. 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



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**

<input type="checkbox"/>	YES	TYPE AND NUMBER
<input type="checkbox"/>	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)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**7. CERTIFICATES HELD**

TYPE	CERTIFICATE NO.	RATINGS	DATE ISSUED

**8. FLIGHT EXPERIENCE** (in hours)

	AIRPLANE		ROTORTYPE		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(b) 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>						

<b>INSPECTOR'S RECOMMENDATION/ACTION</b>	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	CATEGORY	ADDITIONAL QUALIFICATIONS LIMITATIONS <i>(For pilot flight engineer examiner give aircraft category)</i>
		COMMERCIAL PILOT EXAMINER		
		AIRLINE TRANSPORT PILOT EXAMINER	ROTORCRAFT	
		PROFICIENCY PILOT EXAMINER	GLIDER	
		FLIGHT ENGINEER EXAMINER	AIRSHIP	
		FLIGHT INSTRUCTOR EXAMINER		
DATE	OFFICE NO.	INSPECTOR'S SIGNATURE		

DISTRICT CERTIFICATE MANAGEMENT OR REGIONAL

CONCUR	DATE	SIGNATURE	
DISAPPROVE			

TYPE OF DESIGNATION	CERTIFICATE OF AUTHORITY ISSUED		
	NO.	DO TO SERVE UNDER	EXPIRATION DATE