



US Department
of Transportation

Federal Aviation
Administration

ROTORCRAFT EXTERNAL-LOAD OPERATOR CERTIFICATE APPLICATION

Paperwork Reduction Act Statement: The information collected on this form is solicited in order to comply with Title 14, Code of Federal Regulations, Part 133. This information is used to establish eligibility for the issuance of the Rotorcraft External-Load Operator Certificate. Confidentiality is neither requested nor provided. We estimate that it will take approximately 0.3 hours to complete the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this connection is 2120-0044. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, A0010000

TEAR OFF
BEFORE USE

SUPPLEMENTAL
INFORMATION

FAA Form 8710-4 (11-2007) THIS PART SUPERSEDES FAA FORM 8000-32

Electronic Version (Adobe)

DETACH THIS PART BEFORE USING FORM BELOW



Rotorcraft External-Load Operator Certificate Application

INSTRUCTIONS: Submit this form in triplicate to local FAA District Office

| | | |
|---|--|---|
| 1. APPLICATION FOR (CHECK APPLICABLE BOX) <input type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> AMENDMENT <input type="checkbox"/> RENEWAL | CERTIFICATE NO. (For amendment or renewal only.) | EXTERNAL - LOAD CLASS AUTHORIZATION (S) A B C D |
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|---|---|
| 2. NAME AND ADDRESS OF APPLICANT (Include Zip Code) | 3. PRINCIPAL OR LOCAL BASE OF OPERATIONS (Airport, City, State, and Zip Code) |
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|------------------|------------------|
| TELEPHONE NUMBER | TELEPHONE NUMBER |
|------------------|------------------|

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|--|--------------------|-------|--------|
| 4. NAME OF CHIEF PILOT OR PILOT IN CHARGE OF LOCAL OPERATION | AIRMAN CERTIFICATE | GRADE | NUMBER |
|--|--------------------|-------|--------|

| 5. ROTORCRAFT TO BE USED | | | | | | | | | | |
|--------------------------|------|-------|----------------|---|---|---|-------------|--------------|---------|--|
| REGISTRATION NUMBER | TYPE | | LOAD CLASS (X) | | | | ATTACH PREV | DEVICE APPD. | REMARKS | |
| | MAKE | MODEL | A | B | C | D | YES | NO | | |
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CERTIFICATION

I certify that the statements made on this application form and any attachments are true and correct, and that the operations indicated on this application will be conducted within the requirements of the Federal Aviation Act of 1958 and the applicable Federal Aviation Regulations.

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| DATE | TITLE OF AUTHORIZED OFFICER | SIGNATURE OF APPLICANT OR AUTHORIZED OFFICER |
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