12/31/2011

## LIGHT-SPORT STANDARDIZATION BOARD—DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

Supplemental Information and Instructions

# U.S. Department of Transportation Federal Aviation Administration

#### **Privacy Act Statement**

The information on the accompanying form is solicited under authority of the Public Law 103-272, dated July 5, 1994. The purpose of this information is to determine your eligibility for designation as a pilot examiner. The information will become part of the Privacy Act system of records DOT / FAA 830, Representatives of the Administrator, and will be used to evaluate your qualifications for designation as a pilot examiner. Submission of all data is mandatory except for Social Security Number (SSN), which is voluntary. If you do not disclose your SSN, a unique number will be assigned to your file. Your application cannot be processed unless the information is complete.

#### **Paperwork Reduction Act Statement**

The information is necessary to determine your eligibility to become a pilot examiner. It is estimated that it will take approximately 55 minutes per response. The information will become part of the Privacy Act system of records, DOT / FAA 830, Representatives of the Administrator, and it will be used to evaluate your qualifications for appointment as a designated pilot examiner. It should be noted that 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 collection of information is 2120-0690. 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, AES-200

Detach all supplemental information and instruction sheets before submitting application.

#### LIGHT-SPORT STANDARDIZATION BOARD — DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

## **HOW TO APPLY—**(Initial Designations)

- Answer all applicable questions (blocks) fully.
- Refer to the attached instruction sheets if you require assistance to answer a question (block).
- Complete, sign, and date this application in black ink.
- If you need more space to answer a question (block), use additional sheets of blank paper. Be sure to indicate the question (block) number and your name at the top of each additional sheet.
- Attach a copy (front and back) of all applicable pilot, flight instructor, and either an airman medical certificate or valid US Drivers License to this
  application.
- Remove all instruction sheets before you send in your completed application.
- Be sure to keep a completed copy of the application and all additional sheets for your files.

## WHERE TO SEND APPLICATION—

Federal Aviation Administration Light-Sport Aviation Branch (AFS-610), ATTN: Light-Sport Standardization Board, P.O. Box 25082, Oklahoma City, OK 73125-0082

#### WHAT HAPPENS TO YOUR APPLICATION—

The Light-Sport Standardization Board (LSSB) will evaluate your application to ensure that you meet the selection criteria for the designation(s) sought. The LSSB will advise you, in writing, whether or not you meet the applicable selection criteria. If the LSSB sends you a letter stating you do NOT meet the selection criteria, do NOT take the predesignation knowledge test.

If the LSSB sends you a letter stating you do meet the selection criteria, you will be directed to take the examiner predesignation knowledge test appropriate to the designation(s) sought. For example: airplane, weight-shift control, gyroplane, glider, powered parachute, airship and balloon. You may take the examiner predesignation knowledge test at any FAA-approved computerized testing center. Request the pilot examiner predesignation knowledge test for the category applicable to the designation(s) sought. You MUST forward the original test results to the LSSB within 10 days of the date you take the examiner predesignation knowledge test. Keep a copy of the test results for your personal records.

Upon receiving your original test results with a score of 80 percent or higher, the LSSB will notify you of approval or disapproval for assignment to the national examiner candidate pool. The LSSB will forward only the top three ranking candidates within the national examiner candidate pool to AFS-610 when they request a new designee. The LSSB keeps your application in the national examiner candidate pool for 2 years or until AFS-610 selects you, whichever comes first.

After 2 years, the LSSB will delete the applications of all candidates not selected from the national examiner candidate pool. An applicant must repeat the application process in order to apply for reassignment to the national examiner candidate pool.

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## LIGHT-SPORT STANDARDIZATION BOARD—DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

Supplemental Information and Instructions (Continued)

## TYPES OF DESIGNATIONS AND DESIGNEE DEFINITIONS—

**SPE** - Sport Pilot Examiner

SFIE - Sport Pilot Flight Instructor Examiner

#### GENERAL QUALIFICATIONS—

- The applicant must hold all pertinent category and classes for each aircraft for which designation is sought.
- The applicant must hold a valid third-class airman medical certificate or valid U. S. driver's license for initial designation. (A medical certificate or U. S. driver's license is NOT required for designations limited to examining in balloons and gliders.)
- The applicant must be at least 21 years old.
- The applicant must have a good record as a pilot and flight instructor with regard to accidents, incidents, and violations.
- The applicant must meet all eligibility and experience requirements for the specific designation sought in accordance with the table on page iv and the appropriate FAA orders and handbooks.
- The applicant must have a reputation for integrity and dependability in the industry and the community.
- The applicant must have a history of a harmonious relationship with the FAA.

## INSTRUCTIONS FOR COMPLETING FAA FORM 8710-11-

- 1. All entries on FAA Form 8710-11 must be made in black ink or typewritten.
- 2. Read the attached "Privacy Act Statement."
- 3. Complete blocks 1 through 33:
  - a. **Block 1**. Name (Last, First, Middle)—
    - (1) Enter your legal name. For record purposes, do not use more than one middle name.
    - (2) If you do not have a middle name, enter "NMN" (no middle name) or "NMI" (no middle initial).
    - (3) If you have initial(s) only, enter the initials and then enter "INITIALS ONLY."
    - (4) If you are a junior, III, IV, etc., so indicate.
  - b. Block 2. Social Security Number-
    - (1) Completing Block 2 is optional (see "Privacy Act Statement").
    - (2) Enter your Social Security Number or one of the following: "DO NOT USE" or "NONE."
  - c. **Block 2A.** Date of Birth—Enter date using eight-digit, numeric characters (e.g., 09/09/1959 not September 9, 1959).
  - d. **Block 3.** Permanent Mailing Address—Enter all required information, to include number and street, P.O. Box, City, State, and Zip Code.
  - e. **Block 4**. Telephone Number—Enter your home and business telephone numbers including the area code and extensions, if applicable. You may also enter your Fax number, if applicable.
  - f. Block 5. This application is for:—Initial Application for LSSB, Renewal Application for LSSB, or Reinstatement for LSSB. Check the box to the left of the reason for this application. NOTE: Reinstatements are NOT to be sent to the LSSB they should be sent to AFS-610.
  - g. Block 6. Have you ever held an FAA pilot examiner designation in any region?—(If "YES," enter the date(s) and the supervising FSDO.)
  - h. **Block 7**. Type of designation(s) sought:—Check the box to the left of the designation(s) sought. Sport Pilot Examiner (SPE), Sport Pilot Flight Instructor Examiner (SFIE). (See the **SPECIFIC ELIGIBILITY REQUIREMENTS** criteria shown on page iv.)
  - i. **Block 8**. Check the box to the left of the category/class of aircraft for which authorization is sought.—Self-explanatory.
  - j. **Block 9**. Enter the FSDO (page iv) in the area where you desire to serve.
  - k. **Block 10.** Enter the names of other FSDO (page iv) areas you can provide examiner service on a regular basis, if any.
  - 1. **Block 11**. Has any certificate or rating issued to you ever been revoked?—(If "YES," describe the circumstances.)
  - m. Block 12. Have you had any aircraft accidents or incidents within the past 5 years?—(If "YES," describe the circumstances.)
  - n. **Block 13**. Are you a U.S. citizen?—(You must enter "YES" or "NO.") **NOTE:** You are not required to be a U.S. citizen in order to be a designated examiner.
  - o. **Block 14**. If you are NOT a U.S. citizen, enter the country in which you hold citizenship. If you hold dual citizenship, indicate the names of both countries.—Self-explanatory.
  - p. **Block 15**. Do you read, write, speak, and understand English fluently?—Self-explanatory.
  - q. **Block 16**. FAA certificates held— Provide Pilot/Instructor certificates held, their certificate numbers, and their ratings and limitations as shown on the certificate. **NOTE: You must provide copies (front and back) of all certificates.**
  - r. Block 17. Enter all of your special training that is pertinent to the designation sought.—Self-explanatory.
  - s. **Block 18A**. Have you ever served as a chief or assistant chief instructor in a school authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 141?—(If "YES," enter the date(s).)
    - **Block 18B**. Have you ever served as a check airman authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 121 and/or part 135?—(If "YES," enter the date(s) and the FSDO.)

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Supplemental Information and Instructions (Continued)

- Block 18C. Have you ever been an FAA Aviation Safety Inspector?—(If "YES," enter the date(s) and the FSDO.)
- Block 18D. Have you ever been an Instructor for a FAA accredited Exemption Holder?—(If "YES," enter the Exemption Name)
- Block 18E. Have you been Recommended by a FAA accredited Exemption Holder? Attach Letter of Recommendation
- v. **Block 19**. Have you ever been a military pilot evaluator?—(If "YES," enter the date(s).)
- w. **Block 20**. Have you ever been an FAA Accident Prevention Counselor or FAA Aviation Safety Counselor?—(If "YES," enter the date(s) and the FSDO.)
- x. Block 21. Flight Experience—Enter all your actual flight time (in hours), as requested. Do not round off or approximate your hours (i.e., ±). Answer Blocks 21A through 21C, if applicable. (See the SPECIFIC ELIGIBILITY REQUIREMENTS criteria shown on page iv.)
- y. **Block 22.** Work Experience—Describe your current or most recent work experience in Block 22A and work backwards. Use a separate block for each position described (e.g., Block 22A, Block 22B, etc.). Describe all of your work experience in **specific detail** that pertains to your qualifications for the designation(s) sought. Describe each applicable position you held during **at least** the past 5 years. You may describe work experience accrued more than 5 years ago. Include military service if your military experience is pertinent to your application for an examiner designation.
  - (1) Complete the name, address, and telephone number of the employer/organization.
  - (2) Job Title: Self-explanatory.
  - (3) Dates Employed: Enter the dates of employment.
  - (4) Supervisor's Name: Self-explanatory.
  - (5) Reason for Leaving: Self-explanatory.
  - (6) Description of Duties: Enter a complete description of the duties performed during this period of employment.
- z. **Block 23**. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot examiner.—Self-explanatory.
- aa. **Block 24**. During the past 5 years, were you fired from any job for any reason?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- bb. **Block 25.** Have you ever been convicted of any felony violation?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- cc. **Block 26.** Are you now under charges for any violation of law?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- dd. **Block 27**. Have you ever been imprisoned, been on probation, or been on parole?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- ee. **Block 28**. Have you ever been convicted by a military court-martial?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- ff. **Block 29.** Have you ever been discharged from a military service under a General discharge?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- gg. **Block 30.** Have you ever been discharged from a military service under other than honorable conditions?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- hh. Block 31. If you answered "YES" to any questions in Blocks 24 through 30, you MUST enter the full details.
- ii. **Block 32**. Education and Training—Are you a high school graduate? (If "YES," enter the name of the high school and the date you graduated.) Are you a GED graduate? (If "YES," enter the date you received the GED.)
  - (1) College and/or Technical Training Dates: Enter the beginning and ending dates of the training that you attended.
  - (2) Name of School: Enter the name of the school(s) you attended.
  - (3) Curriculum or Study Program: Enter the curriculum or study program for each school(s) listed.
  - (4) Degree or Certificate Received: Enter degrees or certificates you received from each school(s) listed.
- jj. **Block 33**. Applicant's Signature—After you read the "**RELEASE OF INFORMATION AND CERTIFICATION STATEMENT**" and the "**NOTICE**," sign the application, in black ink. After you sign your name, print or type your name under your signature. Enter the date you signed the application using eight-digit, numeric characters (e.g., 01/05/2004 not January 5, 2004).

#### LIGHT-SPORT STANDARDIZATION BOARD—DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

Supplemental Information and Instructions (Continued)

#### FLIGHT STANDARDS DISTRICT OFFICES

# ALASKAN REGION (AAL)

ANCHORAGE, AK FAIRBANKS, AK JUNEAU, AK

#### CENTRAL REGION (ACE)

DES MOINES, IA WICHITA, KS LINCOLN, NE KANSAS CITY, MO ST. ANN / ST. LOUIS, MO

#### EASTERN REGION (AEA)

EASTERN REGION
ALLENTOWN, PA
FARMINGDALE, NY
W. MIFFLIN PA
PITTSBURGH, PA
ALBANY, NY
BALTIMORE, MD
CHARLESTON, WV
CHANTILLY, VA
WASH, DC
NEW CUMBERLAND PA
HARRISBURG, PA
PHILADELPHIA, PA
GARDEN CITY, NY
PITTSBURGH, PA
RICHMOND, VA

ROCHESTER, NY

TETERBORO, NJ

JAMAICA, NY

#### GREAT LAKES REGION (AGL)

CLEVELAND, OH
COLUMBUS, OH
CINCINNATI, OH
WEST CHICAGO, IL
BELLEVILLE, MI
FARGO, ND
GRAND RAPIDS, MI
INDIANAPOLIS, IN
MILWAUKEE, WI
MINNEAPOLIS, MN
SCHILLER PARK, IL
RAPID CITY, SD
SOUTH BEND, IN
SPRINGFIELD, IL

## NEW ENGLAND REGION (ANE)

BEDFORD, MA WINDSOR LOCKS, CT BOSTON, MA PORTLAND, ME

#### SOUTHERN REGION (ASO)

ATLANTA, GA
BIRMINGHAM, AL
NASHVILLE, TN
WEST COLUMBIA, SC
FT. LAUDERDALE, FL
TAMPA, FL
WINSTON-SALEM, NC
JACKSON, MS
LOUISVILLE, KY
MEMPHIS, TN
MIAMI, FL
ORLANDO, FL
CHARLOTTE, NC
SAN JUAN, PR
TAMPA FL

COLLEGE PARK, GA

#### SOUTHWEST REGION (ASW)

ALBUQUERQUE, NM BATON ROUGE, LA DALLAS, TX FT. WORTH, TX HOUSTON, TX LUBBOCK, TX LITTLE ROCK, AR OKLA. CITY, OK SAN ANTONIO, TX

#### WESTERN PACIFIC REGION (AWP)

FRESNO, CA
HONOLULU, HI
LAS VEGAS, NV
LOS ANGELES, CA
LONG BEACH, CA
OAKLAND, CA
RIVERSIDE, CA
RENO, NV
SACRAMENTO, CA
SAN DIEGO, CA
SCOTTSDALE, AZ
SAN JOSE, CA
VAN NUYS, CA
SAN FRANCISCO, CA

#### NORTHWEST MOUNTAIN REGION (ANM)

BOISE, ID CASPER, WY DENVER, CO SPOKANE, WA HELENA, MT HILLSBORO, OR PORTLAND, OR SEATTLE, WA SALT LAKE CITY, UT DENVER, CO

# SPECIFIC ELIGIBILITY REQUIREMENTS FOR SPORT PILOT EXAMINER DESIGNEES

				Total Flight		
Category of Light Sport Aircraft Applied For:	PIC Total	PIC In LSA Category	Total Flight Instruction Given	Instruction Given In LSA Category	PIC Last 12 Months In LSA Category	Total Flight Instruction Given in Last 12 Months
Airplane	500	250	200	100	50	N/A
Powered Parachute	250	100	100	50	25	N/A
Weight Shift Control	500	250	200	100	50	N/A
Gyroplane	500	250 *	200	200 *	50 *	N/A
Glider	250	100 *	100	50 *	10 HRS * 10 FLTS *	N/A
Airship	200	100 *	N/A	100 *	20 *	N/A
Balloon	200	100 *	N/A	50 *	20 HRS * 10 FLTS *	10

<sup>\*</sup> Note: Not required to be in Light Sport Aircraft for this category.

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LIGHT-SPORT STANDARDIZA	ATION BOARD—DESI	GNATED PIL	OT E	XAMINER CANDIDATE APP	LICATION	
U.S. Department of Transportation						
Federal Aviation Administration  1. Name (Last, First, Middle)—			2. So	ocial Security Number—	2A. Date of Birth—	
3. Permanent Mailing Address—				elephone Numbers—		
· · · · · · · · · · · · · · · · · · ·				Business Phone: ( ) Fax Number: ( )		
5. This application is for:—  Initial Application for LSSB Renewal Application for LSSB Reinstatement (other than initial designation) for LSSB	6. Have you ever held an designation in any region? (If "Yes," enter the date(s) FSDO.)  YES  From (mo/yr):  To (mo/yr):  FSDO:	?— ` ) and the supervisi  NO —	ner	7. Type of designation(s) sought:—  SPE - Sport Pilot Exa		
8. Check the category/class of aircraft for which authorization is sought.—  Airplane Land  Airplane Sea  Powered Parachute Land  Powered Parachute Sea  Weight Shift Control Land  Weight Shift Control Sea  Gyroplane  Glider  Airship  Balloon	9. Enter the FSDO area (s serve. —	s) where your desi	re to	10. Enter the names of other FSDO examiner service on a regular basis,		
<b>11.</b> Has any certificate or rating issued to you ever (If "YES," describe the circumstances.)	been revoked?—			aircraft accidents or incidents within e circumstances.)	the past 5 years?—	
YES NO		YES		] NO		
13. Are you a U.S. citizen?—	14. If you are NOT a U.S country in which you hold hold dual citizenship, indi	l citizenship. If yo	ou	<b>15.</b> Do you read, write, speak, and fluently?—	understand English	
☐ YES ☐ NO	both countries.—		_	☐ YES ☐ NO		
16. FAA certificates held—You MUST provide co	opies (front and back) of all	certificates. Attac	ch a se	parate sheet of paper.		
17. Enter all of your special training, which is perting	nent to the designation soug	ght.—				

		assistant chief inst	ructor in a school aut	thorized under Title	14 of the Code of I	Federal Regulations (1	4 CFR) part 141?—
(If "YES," enter the			T ( / )				
LI YES	□ NO Fro	om (mo/yr):	To (mo/yr):				
			nder Title 14 of the C	Code of Federal Regu	lations (14 CFR) p	part 121 and/or part 13	35?—
_	date(s) and the FSDO		To (mo/ur):		ESDO:		
LIES	L NO III	om (mo/yr)	10 (1110/y1).	·	13DO		<del></del>
-	_		r?—(If "YES," enter				
☐ YES	□ NO Fro	om (mo/yr):	To (mo/yr):	FSEFSE	OO:		
<b>18D.</b> Have you ever	r been an Instructor f	for a FAA accredite	d Exemption Holder	? —			
☐ YES	□ NO Fro	om (mo/yr):	To (mo/yr):	Exe	emption :		
10E Have you aver	r baan Dagammanda	d by a EAA agaradi	ted Exemption Holde	ar? Attach Latter o	f Dagamman datio		
		-	ted exemption rolds		or Recommendation	II.	
			ES," enter the date(s)				
☐ YES	□ NO From (	(mo/yr):	To (mo/yr):				
20. Have you been	n an FAA Accident P	revention Counselo	or or FAA Aviation S	afety Counselor?—(I	f "YES," enter the	date(s) and the FSDO	.)
☐ YES	□ NO From (mo	o/yr):	To (mo/yr):	FSDO:_			
21. Flight Experien	ce—Enter all your ac	tual flight time (in	hours), as requested.	Do not round off or	approximate your	hours (i.e., ±). Do no	ot write in the shaded areas.
Answer Blocks 21A	through 21C, if app	licable. NOTE: Se				the SPECIFIC EL	
REQUIREMENT	<b>TS</b> criteria shown	on page iv.)					
Aircraft	PIC	PIC	Total	Total Flight Instruction	PIC Last 12 Months	Total Flight Instruction	
Experience	Total	Light-Sport	Flight Instruction Given	Given In Light-	In Light-Sport	Given in Last 12	
		Aircraft	Given	Sport Aircraft	Aircraft	Months	-
Airplane Land							
							-
Airplane Sea							
							-
Powered Parachute							
Land							-
Powered Parachute							
Sea							
Weight-Shift Control							
Land							
Weight-Shift Control							
Sea							
							1
Gyroplane							
				HRS		HRS	1
Glider							_
				FLTS		FLTS	
		1					1
Airship							
Palloge						HRS	1
Balloon						FLTS	1
21R Enter number	of balloon flights as	DIC that were at les	ast 30 minutes durati	on within the nest we	aar		
LID. EINEI HUIHOEF	or variour riights as	i ic mat were at lea	ust 50 minutes uurall	on within the past ye	.a—		

21C. Enter number of pilot and/or flight instructor ce	rtification practical tests completed within the past	year (as FAA Aviation Safety	Inspector).—
<b>22.</b> Work Experience—Describe your current or most Block 22A, Block 22B, etc.). Describe all of your wor applicable position you held during <b>at least</b> the past 5 experience is pertinent to your application for an exam	rk experience in <b>specific detail</b> that pertains to your years. You may describe work experience accrued	r qualifications for the designa	tion(s) sought. Describe each
22A. Name of Employer/Organization:		Telephone Number (	)
Address:		Tamieer (	,
City:		State:	Zp Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:		·	
Description of Duties:			
22B. Name of Employer/Organization:		Telephone Number (	)
Address:			
City:		State:	Zip Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:		·	
Description of Duties:			
22C. Name of Employer/Organization:		Telephone Number (	)
Address:		,	,
City:		State:	Zp Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:		·	
Description of Duties:			

22D. Name of Employer/Organization:		Telephone Number ( )	
Address:		, , , , , , , , , , , , , , , , , , , ,	
City:	Sta	te:	Zip Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:	10.	l	
Description of Duties:			
22E. Name of Employer/Organization:		Telephone Number ( )	
Address:		rumber ( )	
City:	Sta	te:	Zp Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:	10.	<u> </u>	
Description of Duties:			
22F. Name of Employer/Organization:		Telephone Number ( )	
Address:		ramoor (	
City:	Sta	te:	Zp Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:	FIOII. 10.		
Description of Duties:			
23. Briefly summarize your aviation activities and pro	fessional responsibilities that best qualify you to be a desi	ignated pilot examiner.—	

<b>24.</b> During the past : fired from any job fo		25. Have you	u ever been convicted of iolation?—			27. Have you ever been imprisoned, been on probation, or been on parole?—		
□ YES □	NO	☐ YES	] yes □ NO □ ;		yes $\square$ no		☐ YES ☐ NO	
28. Have you ever been convicted by a military court-martial?—		29. Have you ever been discharged from a military service under a General discharge?—  30. Have you service under		service unde	ou ever been discharged from a military er other than honorable conditions?—			
	NO "YES" to any question	ns in Blocks	YES NO	enter the f	full details	☐ YES	∐ NO	
31. If you answered "YES" to any questions in Blocks 24 through 30, you MUST enter the full details.								
<b>32.</b> Education and T Are you a high school Are you a GED grade	ol graduate?	res 🗆	NO Name of High School NO Date received GED (			D	Pate Graduated (mo/yr):	
College and/or Techn From (mo/yr):	nical Training Dates:  To (mo/yr):		Name of School:	ol: Curriculum or Study Program: Degree		Degree or Certificate Received:		
RELEASE OF INFORMATION AND CERTIFICATION STATEMENT—								
Read this statement CAREFULLY.  After you read this statement, you MUST sign and date this application in black ink.  Under your signature, you MUST print or type your name.								
<ul> <li>candidate, for m</li> <li>I understand the</li> <li>I consent to the enforcement ag government to</li> <li>I understand the predesignation</li> <li>I understand the designation is considered.</li> </ul>	at any information gi release of information encies, and other ind whom the FAA has d at, if my application knowledge test with at assignment to the i	r terminating wen may be in regarding no regarding no ividuals and coelegated the associated, as accepted, as a score of 80 national example.	any designation I may receive the state of t	ve.  nalificatio rs, employ ove or dist e nationa	ons for designation as yees of the Federal g approve pilot examinal examiner candidate	s a pilot exam government, an ner applicants e pool is depen nation as a pil	iner by employers, schools, law nd persons not employed by the Federal ndent on my passing the examiner of examiner and that, if selected, ompletion of the Initial Sport Pilot	
I understand the time for any rea	I understand that my FAA accident/incident/violation history will be verified at each stage of the application process.						•	
I certify that, to	the best of my know	ledge and bel	ief, all of my statements on t	this appli	cation are true, corre	ect, complete,	and made in good faith.	

33. Applicant's Signature —(Sign application in black ink.) —NOTICE—Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).	Date signed—(Month, Day, Year)
(Print or type your name under your signature.)	

FOR LIGHT-SPORT STANDARDIZATION BOARD USE ONLY
(For Original Issuance Only)
☐ Accepted for Predesignation Testing ☐ Not Qualified Date:
Predesignation Test Score: Date of Test:
Approved for Pool Disapproved for Pool Date:
Signature of LSSB Official: Title:
Referred to AFS-610
Inspector's Recommendation:  Approve Disapprove
Reason for Disapproval (Attach additional sheets, if required.):
The individual submitting this application has satisfactorily demonstrated competency to perform the duties of the following designation(s):
SPE SPFI Aircraft Categories:
☐ Airplane ☐ Powered Parachute ☐ Weight-Shift Control ☐ Gyroplane ☐ Glider ☐ Airship ☐ Balloon
Additional Qualifications/Limitations (if any):
Inspector's
Signature:
AFS-610 Office:  Approve Disapprove Date:
Signature: Routing Symbol:
Date Certificate of Authority Issued:
Examiner Number: Expiration Date:
Examiner Number: Expiration Date:
Additional Regions to be served by the examiner (if any):