

**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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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.
  - l. **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**

|  |   |   |  |
|--|---|---|--|
| <p><b>ALASKAN REGION (AAL)</b><br/>ANCHORAGE, AK<br/>FAIRBANKS, AK<br/>JUNEAU, AK</p> <p><b>CENTRAL REGION (ACE)</b><br/>DES MOINES, IA<br/>WICHITA, KS<br/>LINCOLN, NE<br/>KANSAS CITY, MO<br/>ST. ANN / ST. LOUIS, MO</p> <p><b>EASTERN REGION (AEA)</b><br/>ALLENTOWN, PA<br/>FARMINGDALE, NY<br/>W. MIFFLIN PA<br/>PITTSBURGH, PA<br/>ALBANY, NY<br/>BALTIMORE, MD<br/>CHARLESTON, WV<br/>CHANTILLY, VA<br/>WASH, DC<br/>NEW CUMBERLAND PA<br/>HARRISBURG, PA<br/>PHILADELPHIA, PA<br/>GARDEN CITY, NY<br/>PITTSBURGH, PA<br/>RICHMOND, VA<br/>ROCHESTER, NY<br/>TETERBORO, NJ<br/>JAMAICA, NY</p> | <p><b>GREAT LAKES REGION (AGL)</b><br/>CLEVELAND, OH<br/>COLUMBUS, OH<br/>CINCINNATI, OH<br/>WEST CHICAGO, IL<br/>BELLEVILLE, MI<br/>FARGO, ND<br/>GRAND RAPIDS, MI<br/>INDIANAPOLIS, IN<br/>MILWAUKEE, WI<br/>MINNEAPOLIS, MN<br/>SCHILLER PARK, IL<br/>RAPID CITY, SD<br/>SOUTH BEND, IN<br/>SPRINGFIELD, IL</p> <p><b>NEW ENGLAND REGION (ANE)</b><br/>BEDFORD, MA<br/>WINDSOR LOCKS, CT<br/>BOSTON, MA<br/>PORTLAND, ME</p> | <p><b>SOUTHERN REGION (ASO)</b><br/>COLLEGE PARK, GA<br/>ATLANTA, GA<br/>BIRMINGHAM, AL<br/>NASHVILLE, TN<br/>WEST COLUMBIA, SC<br/>FT. LAUDERDALE, FL<br/>TAMPA, FL<br/>WINSTON-SALEM, NC<br/>JACKSON, MS<br/>LOUISVILLE, KY<br/>MEMPHIS, TN<br/>MIAMI, FL<br/>ORLANDO, FL<br/>CHARLOTTE, NC<br/>SAN JUAN, PR<br/>TAMPA, FL</p> <p><b>SOUTHWEST REGION (ASW)</b><br/>ALBUQUERQUE, NM<br/>BATON ROUGE, LA<br/>DALLAS, TX<br/>FT. WORTH, TX<br/>HOUSTON, TX<br/>LUBBOCK, TX<br/>LITTLE ROCK, AR<br/>OKLA. CITY, OK<br/>SAN ANTONIO, TX</p> | <p><b>WESTERN PACIFIC REGION (AWP)</b><br/>FRESNO, CA<br/>HONOLULU, HI<br/>LAS VEGAS, NV<br/>LOS ANGELES, CA<br/>LONG BEACH, CA<br/>OAKLAND, CA<br/>RIVERSIDE, CA<br/>RENO, NV<br/>SACRAMENTO, CA<br/>SAN DIEGO, CA<br/>SCOTTSDALE, AZ<br/>SAN JOSE, CA<br/>VAN NUYS, CA<br/>SAN FRANCISCO, CA</p> <p><b>NORTHWEST MOUNTAIN REGION (ANM)</b><br/>BOISE, ID<br/>CASPER, WY<br/>DENVER, CO<br/>SPOKANE, WA<br/>HELENA, MT<br/>HILLSBORO, OR<br/>PORTLAND, OR<br/>SEATTLE, WA<br/>SALT LAKE CITY, UT<br/>DENVER, CO</p> |
|--|---|---|--|

**SPECIFIC ELIGIBILITY REQUIREMENTS FOR  
SPORT PILOT EXAMINER DESIGNEES**

| Category of Light Sport Aircraft Applied For: | PIC Total | PIC In LSA Category | Total Flight Instruction Given | Total Flight 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 *<br>10 FLTS *              | N/A  |
| Airship                                       | 200       | 100 *               | N/A                            | 100 *  | 20 *                               | N/A  |
| Balloon                                       | 200       | 100 *               | N/A                            | 50 *   | 20 HRS *<br>10 FLTS *              | 10   |

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

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

**U.S. Department of Transportation  
Federal Aviation Administration**

|                                |                            |                    |
|--------------------------------|----------------------------|--------------------|
| 1. Name (Last, First, Middle)— | 2. Social Security Number— | 2A. Date of Birth— |
|--------------------------------|----------------------------|--------------------|

|  |                                      |
|--|--------------------------------------|
| 3. Permanent Mailing Address—            | 4. Telephone Numbers—                |
| City: _____ State: _____ Zip Code: _____ | <b>Home Phone:</b> (    ) (    )     |
|  | <b>Business Phone:</b> (    ) (    ) |
|  | <b>Fax Number:</b> (    ) (    )     |

|   |  |  |
|---|--|--|
| <p>5. This application is for:—</p> <p><input type="checkbox"/> Initial Application for LSSB</p> <p><input type="checkbox"/> Renewal Application for LSSB</p> <p><input type="checkbox"/> Reinstatement (other than initial designation) for LSSB</p> | <p>6. Have you ever held an FAA pilot examiner designation in any region?—<br/>(If "Yes," enter the date(s) and the supervising FSDO.)</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>From (mo/yr): _____</p> <p>To (mo/yr): _____</p> <p>FSDO: _____</p> | <p>7. Type of designation(s) sought:—</p> <p><input type="checkbox"/> SPE - Sport Pilot Examiner</p> <p><input type="checkbox"/> SFIE - Sport Pilot Flight Instructor Examiner</p> |
|---|--|--|

|  |  |  |
|--|--|--|
| <p>8. Check the category/class of aircraft for which authorization is sought.—</p> <p><input type="checkbox"/> Airplane Land</p> <p><input type="checkbox"/> Airplane Sea</p> <p><input type="checkbox"/> Powered Parachute Land</p> <p><input type="checkbox"/> Powered Parachute Sea</p> <p><input type="checkbox"/> Weight Shift Control Land</p> <p><input type="checkbox"/> Weight Shift Control Sea</p> <p><input type="checkbox"/> Gyroplane</p> <p><input type="checkbox"/> Glider</p> <p><input type="checkbox"/> Airship</p> <p><input type="checkbox"/> Balloon</p> | <p>9. Enter the FSDO area (s) where your desire to serve. —</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>10. Enter the names of other FSDO areas you can provide examiner service on a regular basis, if any.—</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|--|

|   |  |
|---|--|
| <p>11. Has any certificate or rating issued to you ever been revoked?—<br/>(If "YES," describe the circumstances.)</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>12. Have you had any aircraft accidents or incidents within the past 5 years?—<br/>(If "YES," describe the circumstances.)</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|--|

|  |  |  |
|--|--|--|
| <p>13. Are you a U.S. citizen?—</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> | <p>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.—</p> <p>_____</p> | <p>15. Do you read, write, speak, and understand English fluently?—</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> |
|--|--|--|

**16. FAA certificates held—You MUST provide copies (front and back) of all certificates. Attach a separate sheet of paper.**

17. Enter all of your special training, which is pertinent to the designation sought.—

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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).)  
 YES     NO    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

**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.)  
 YES     NO    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ FSDO: \_\_\_\_\_

**18C.** Have you ever been an FAA Aviation Safety Inspector?—(If "YES," enter the date(s) and the FSDO.)  
 YES     NO    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ FSDO: \_\_\_\_\_

**18D.** Have you ever been an Instructor for a FAA accredited Exemption Holder? —  
 YES     NO    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Exemption : \_\_\_\_\_

**18E.** Have you ever been Recommended by a FAA accredited Exemption Holder? — Attach Letter of Recommendation  
 YES     NO    Exemption : \_\_\_\_\_

**19.** Have you ever been a military pilot evaluator?—(If "YES," enter the date(s).)  
 YES     NO    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

**20.** Have you been an FAA Accident Prevention Counselor or FAA Aviation Safety Counselor?—(If "YES," enter the date(s) and the FSDO.)  
 YES     NO    From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ FSDO: \_\_\_\_\_

**21.** Flight Experience—Enter all your actual flight time (in hours), as requested. Do not round off or approximate your hours (i.e., ±). Do not write in the shaded areas. Answer Blocks 21A through 21C, if applicable. **NOTE: See FAR part 1 for Light-Sport Aircraft definition. (See the SPECIFIC ELIGIBILITY REQUIREMENTS criteria shown on page iv.)**

| Aircraft Experience       | PIC Total | PIC Light-Sport Aircraft | Total Flight Instruction Given | Total Flight Instruction Given In Light-Sport Aircraft | PIC Last 12 Months In Light-Sport Aircraft | Total Flight Instruction Given in Last 12 Months |
|---------------------------|-----------|--------------------------|--------------------------------|--|--|--|
| Airplane Land             |           |                          |                                |  |  |  |
| Airplane Sea              |           |                          |                                |  |  |  |
| Powered Parachute Land    |           |                          |                                |  |  |  |
| Powered Parachute Sea     |           |                          |                                |  |  |  |
| Weight-Shift Control Land |           |                          |                                |  |  |  |
| Weight-Shift Control Sea  |           |                          |                                |  |  |  |
| Gyroplane                 |           |                          |                                |  |  |  |
| Glider                    |           |                          |                                | HRS  |  | HRS  |
|                           |           |                          |                                | HLTS   |  | HLTS   |
| Airship                   |           |                          |                                |  |  |  |
| Balloon                   |           |                          |                                |  |  | HRS  |
|                           |           |                          |                                |  |  | HLTS   |

**21B.** Enter number of balloon flights as PIC that were at least 30 minutes duration within the past year.— \_\_\_\_\_

|   |   |                           |
|---|---|---------------------------|
| <b>21C.</b> Enter number of pilot and/or flight instructor certification practical tests completed within the past year (as FAA Aviation Safety Inspector).— _____  |   |                           |
| <b>22.</b> 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 <b>specific detail</b> that pertains to your qualifications for the designation(s) sought. Describe each applicable position you held during <b>at least</b> 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. |   |                           |
| <b>22A.</b> Name of Employer/Organization:  | Telephone Number (      )                                 |                           |
| Address:  |   |                           |
| City:   | State:  | Zip Code:                 |
| Job Title:  | Dates Employed (mo/yr):<br>From:                      To: | Supervisor's Name:        |
| Reason for Leaving:   |   |                           |
| Description of Duties:  |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
| <b>22B.</b> Name of Employer/Organization:  |   | Telephone Number (      ) |
| Address:  |   |                           |
| City:   | State:  | Zip Code:                 |
| Job Title:  | Dates Employed (mo/yr):<br>From:                      To: | Supervisor's Name:        |
| Reason for Leaving:   |   |                           |
| Description of Duties:  |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
| <b>22C.</b> Name of Employer/Organization:  |   | Telephone Number (      ) |
| Address:  |   |                           |
| City:   | State:  | Zip Code:                 |
| Job Title:  | Dates Employed (mo/yr):<br>From:                      To: | Supervisor's Name:        |
| Reason for Leaving:   |   |                           |
| Description of Duties:  |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |

|  |   |                                       |
|--|---|---------------------------------------|
| 22D. Name of Employer/Organization:  |   | Telephone Number (      )             |
| Address:   |   |                                       |
| City:  |   | State:                      Zip Code: |
| Job Title:   | Dates Employed (mo/yr):<br>From:                      To: | Supervisor's Name:                    |
| Reason for Leaving:  |   |                                       |
| Description of Duties:   |   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
| 22E. Name of Employer/Organization:  |   | Telephone Number (      )             |
| Address:   |   |                                       |
| City:  |   | State:                      Zip Code: |
| Job Title:   | Dates Employed (mo/yr):<br>From:                      To: | Supervisor's Name:                    |
| Reason for Leaving:  |   |                                       |
| Description of Duties:   |   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
| 22F. Name of Employer/Organization:  |   | Telephone Number (      )             |
| Address:   |   |                                       |
| City:  |   | State:                      Zip Code: |
| Job Title:   | Dates Employed (mo/yr):<br>From:                      To: | Supervisor's Name:                    |
| Reason for Leaving:  |   |                                       |
| Description of Duties:   |   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
| 23. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot examiner.— |   |                                       |
| _____  |   |                                       |
| _____  |   |                                       |
| _____  |   |                                       |
| _____  |   |                                       |



|  |   |   |  |
|--|---|---|--|
| <b>24.</b> During the past 5 years, were you fired from any job for any reason?—<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>25.</b> Have you ever been convicted of any felony violation?—<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>26.</b> Are you now under charges for any violation of law?—<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>27.</b> Have you ever been imprisoned, been on probation, or been on parole?—<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|---|--|

|   |  |  |
|---|--|--|
| <b>28.</b> Have you ever been convicted by a military court-martial?—<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>29.</b> Have you ever been discharged from a military service under a General discharge?—<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>30.</b> Have you ever been discharged from a military service under other than honorable conditions?—<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|--|

**31.** If you answered "YES" to any questions in Blocks 24 through 30, you MUST enter the full details.

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**32. Education and Training—**  
 Are you a high school graduate?     YES     NO    Name of High School: \_\_\_\_\_ Date Graduated (mo/yr): \_\_\_\_\_  
 Are you a GED graduate?     YES     NO    Date received GED (mo/yr): \_\_\_\_\_

| College and/or Technical Training Dates: |             | Name of School: | Curriculum or Study Program: | Degree or Certificate Received: |
|--|-------------|-----------------|------------------------------|---------------------------------|
| From (mo/yr):                            | To (mo/yr): |                 |                              |                                 |
|  |             |                 |                              |                                 |
|  |             |                 |                              |                                 |
|  |             |                 |                              |                                 |
|  |             |                 |                              |                                 |

**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.**

- I understand that a false statement on any part of this application will be grounds for not approving this application, for rescinding my eligibility as an examiner candidate, for not designating me, or terminating any designation I may receive.
- I understand that any information given may be investigated.
- I consent to the release of information regarding my personal and technical qualifications for designation as a pilot examiner by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, employees of the Federal government, and persons not employed by the Federal government to whom the FAA has delegated the authority to screen and approve or disapprove pilot examiner applicants.
- I understand that, if my application is accepted, approval for assignment to the national examiner candidate pool is dependent on my passing the examiner predesignation knowledge test with a score of 80 percent or higher.
- I understand that assignment to the national examiner candidate pool does not guarantee selection or designation as a pilot examiner and that, if selected, designation is dependent on satisfactory completion of a practical test (demonstration of competency) and satisfactory completion of the Initial Sport Pilot Examiner Standardization Seminar.
- I understand that my FAA accident/incident/violation history will be verified at each stage of the application process.
- I understand that designation as a pilot examiner is a privilege, not a right, and that any designation received may be terminated, revoked, or not renewed at any time for any reason the FAA Administrator deems appropriate.
- I certify that, to the best of my knowledge and belief, all of my statements on this application are true, correct, 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      Date: \_\_\_\_\_  
 Selected       Declined      Date: \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_

**AFS-610 Office:**

Approve       Disapprove      Date: \_\_\_\_\_

Signature: \_\_\_\_\_      Routing Symbol: \_\_\_\_\_

**Date Certificate of Authority Issued:** \_\_\_\_\_

Examiner Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Additional Regions to be served by the examiner (if any):