

U.S. Department of Transportation

Federal Aviation Administration

FAA Form 8710-11, Airman Certificate and/or Rating Application Supplemental Information and Instructions

Paperwork Reduction Act 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 2120-0690. Public reporting for this collection of information and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain a benefit under 14 CFR Part 61 and Part 183. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attr: Information Collection Clearance Officer, AES-200.

Privacy Act

The information on the accompanying form is solicited under authority of Title 14 of the code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN) which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act System of records DOT/FAA 847, Aviation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT.FAA 847. Those routine users are: (a) To provide basic airman certification and qualification information to the public upon request. (b) To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airman apprehension of drug-law violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Submission of your Social Security Number is voluntary. Disclosure of your SSN will facilitate maintenance of your records which are maintained in alphabetical order and cross references with your SSN and airman certificate number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

If an electronic form is not printed on a duplex printer, the applicant's name, date of birth, and certificate number (if applicable) must be furnished on the reverse side of the application. This information is required for identification purposes. The telephone number and E-mail address are optional

U.S. Department of Transportation Federal Aviation Administration																	
I. Applicatio	n Informatio	n	☐ Air	udent plane [ght Instructo		ne 🗌	Balloon Initial	rivate	P ship	roficiency] Glider	Po	wered Pa _Reinstat	ement	_	ght Shift Co	ontrol	
A. Name (A. Name (Last, First, Middle)							B. SSN (US only) C. Date of Birth				Other	D. Place	e of Birth			
E. Address F. Citizenship (Citizenship) Specify G. Do you read, speak, Yes									Yes								
								USA Other Er				te & understand the glish language? No					
City, State	City, State, Zip Code						H. Heigl	nt In.	I. Weig	ht Ibs.	J. Hair	K. E	yes L.		/lale emale		
M. Do you	M. Do you now hold, or have you ever held an FAA Pilot Certificate? N. Grade Pilot Certificate O. Certificate Number P. Date Issued																
,	Q. Do you hold a Yes R. Class of Certificate Medical Certificate? No							S. Date Issued T. Nam				T. Nam	ne of Examiner				
U. Do you hold a US Yes V. License Number W. State of Issuance Driver's License? No						ce		X. Date Issued Y. Expiration Date									
	Za. Have you ever been convicted for violation of any Federal or State statutes rela or stimulant drugs or substances.									Zb. Date of Final Conviction							
If Certificate, Privilege or Rating Applied For on Basis of:																	
A. Completion of Required Test 1. Aircraft to be used (if flight test required) 2a. Total Time in this aircraft SIM/FTD 2b. Pilot in Co Image: Simpletion of Required Test 1 2) 2 SIM) FTD) hours 1) 2)							Pilot in Con 2)	hours									
B. Gr	1. Name and Location of Training Agence B. Graduate of			ncy or Tra	SIM) FTD)					hours 1) 2) hours 1a. Certification Number							
Approved/Accepted Course 2. Curriculum From Which Graduated 3. Date																	
			1. Country					2. Grade of License				3. Number					
C. Holder of Foreign License Issued By 4. Ratings																	
III. Record of Pilot Time (Do not write in the shaded areas)																	
	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero- Tows	Number of Ground Launches	Number of Powered Launches	
Airplanes				PIC			PIC				PIC	PIC					
				SIC			SIC				SIC	SIC					
Rotor- craft (Gyroplane				PIC			PIC				PIC	PIC					
Only)				SIC			SIC				SIC	SIC					
Gliders																	
Lighter Than Air																	
Weightshift Control																	
Powered Parachute																	
IV. Have you failed a test for this certificate, privilege or rating?									•								
				statements ce of any FA											agree that th	ey are to	
Signature	of Applica	nt											Date				

l h	Instruct ave personally instructed the app	or's Recomm		ready to	take the test			
	uctor's Signature (Print name & Sign)				ficate No.		Certificate	Expires
This applicant has augustafully as	-	ncy's Recomr	nendation				~	ouroo and io
This applicant has successfully cor recommended for certification, priv	•				test.		0	ourse, and is
	ncy Name and Number				Official's Sig	gnature		
					Title	-		
		0.00						
Designated Examiner or Airman Certification Representative Report Student Pilot Certificate Issued (Copy Attached) I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate, privilege or rating sought. I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. Approved – Temporary Certificate Issued (Original Attached) Disapproved – Disapproval Notice Issued (Original Attached)								
Location of Test (Facility, City, State)						Duration	of Test	
					Ground	Simulato	or/FTD	Flight
		·			_	SIM) FTD)		1) 2)
Certificate or Rating for which tested		Type(s) of Aircr 1)	aft Used 2)		Registratior	ו No(s) 2)		
Date Exar	niner's Signature (Print Name & Sign)	.,	Certificate No.		Designation	,	Design	ation Expires
Proficiency Check – Instructor's Record I have successfully reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J{61.321} for the proficiency check sought. I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR pert 61 (Subparts K or J), and find the applicant proficient in light-sport aircraft. Proficiency Check: Satisfactory Unsatisfactory								
Date Instructor's	Signature (Print Name & Sign)		Certificate	e No.		Expiration	n Date:	
Aviation Safety Inspector or Technician Report I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. Approved – Temporary Certificate Issued (Original Attached) Proficiency Check: Satisfactory Unsatisfactory								
Location of Test (Facility, City, State)								
					Ground	Simulato SIM) FTD)	or/FID	Flight 1) 2)
Certificate or Rating for which tested		Type(s) of Aircraft Used 1) 2)			Registration No(s) 1) 2)			
Student Pilot Certificate Issued Certificate or Rating Based on Flight Instructor Examiner's Recommendation Foreign License Renewal Reinstatement ACCEPTED REJECTED Approved Course Graduate Instructor Renewal Based on Activity Reissue or Exchange of Pilot Certificate Other Approved FAA Qualification Criteria Activity Training Course								
Training Course (FIRC) Name Graduation Certificate No. Date								
Date Inspector's Sig	nature (Print Name & Sign)				Certificate No.		FAA Di	istrict Office
Attachments:	Airman's Identification (ID)		I	ID:				
Student Pilot Certificate (Copy)								
Knowledge Test Report Date of Birth:								
Temporary Airman Certificate Number Certificate Number:								
Temporary Airman Certificate	Form of ID Number		Date of Birth:					
Temporary Airman Certificate Notice of Disapproval			Date of Birth:					

FAA Form	8710-11	(02-04)
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Airman Certificate and/or Rating Application – Sport Pilot Addition Administration Addition Administration Addition Addition Addition Addition Addition Address INFORMATION						
Social Security Number						
Certificate Number						
Date Issued						
Permanent Mailing Address:	Address the applicant requests the certificate to be sent:					
Street	Street					
P.O. Box	P.O. Box					
City, State, Zip Code	City, State, Zip Code					
	· · ·					
Physical Description as entered:						
Comments:						
Comments:						

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