



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 is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering 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, Attn: 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

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature (Print name & Sign)	Certificate No.	Certificate Expires
Air Agency's Recommendation			
This applicant has successfully completed our _____ Course, and is recommended for certification, privilege or rating without further _____ test.			
Date	Agency Name and Number	Official's Signature	
		Title	
Designated Examiner or Airman Certification Representative Report			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy Attached) <input type="checkbox"/> 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. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) </div>			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for which tested	Type(s) of Aircraft Used 1) 2)	Registration No(s) 1) 2)	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No. Designation Expires
Proficiency Check – Instructor's Record			
<input type="checkbox"/> 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. <input type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in _____ and _____ light-sport aircraft. Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Expiration 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. <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for which tested	Type(s) of Aircraft Used 1) 2)	Registration No(s) 1) 2)	
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Foreign License <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Approved Course Graduate Instructor Renewal Based on <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
Attachments:			
<input type="checkbox"/> Airman's Identification (ID) ID: _____			
<input type="checkbox"/> Student Pilot Certificate (Copy)	Form of ID _____	Name: _____	
<input type="checkbox"/> Knowledge Test Report	Number _____	Date of Birth: _____	
<input type="checkbox"/> Temporary Airman Certificate	Expiration Date _____	Certificate Number: _____	
<input type="checkbox"/> Notice of Disapproval	Telephone Number _____	Email Address: _____	
<input type="checkbox"/> Superseded Airman Certificate			



U.S. Department of Transportation
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Airman Certificate and/or Rating Application – Sport Pilot

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle)
Social Security Number
Certificate Number
Date Issued

Permanent Mailing Address:

Street
P.O. Box
City, State, Zip Code

Address the applicant requests the certificate to be sent:

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

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