

**FAA Form 8610-3, Airman Certificate and/or Rating Application – Repairman  
(14 CFR Part 65),  
Supplemental Information**

The supplemental information for this form includes the following:

- Page i..... Paperwork Reduction Act Burden Statement
- Page ii..... Privacy Act Statement
- Page iii..... Pilot's Bill of Rights Written Notification of Investigation
- Page iv..... Instructions for Completing FAA Form 8610-3
- Page v..... Instructions for Completing FAA Form 8610-3, continued.

Detach these supplemental information and instruction parts before submitting the attached form.

Printing double-sided is preferable. If the form is not printed in the double-sided format, complete the "Applicant Information" section on the top of page 2.

An electronic, fillable, printable version of FAA Form 8610-3 is available at [www.faa.gov](http://www.faa.gov).

When printing, print pages 7 through 8, if you choose to print only the form.

Integrated Airman Certification and Rating Application (IACRA) is a web-based certification/rating application that guides the user through the FAA's airman application process. IACRA helps ensure applicants meet regulatory and policy requirements through the use of extensive data validation. It also uses electronic signatures to protect the information's integrity, eliminates paper forms, and prints temporary certificates. IACRA can be accessed here: <https://iacra.faa.gov>.

**OMB CONTROL NUMBER: 2120-0022  
EXPIRATION DATE: 12/31/2025**

**Paperwork Reduction Act Burden 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 2120-0022. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

All responses to this collection of information are required to obtain or retain a benefit under 14 CFR part 65. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

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**PRIVACY ACT STATEMENT**

Privacy Act Statement (5 U.S.C. § 552a, as amended):

**Authority:** The information collected on the FAA Form 8610-3 – Airman Certificate and/or Rating Application – Repairman (14 CFR Part 65), is in accordance with [49 U.S.C. §§ 106\(g\), 40113, 44702, 44703, 44709, 44710, 44711\(a\)\(2\)](#) and [14 CFR Parts 65](#).

**Purpose:** The information collected will be used to identify and evaluate your qualifications and eligibility for the issuance of a repairman certificate and/or added rating.

**Routine Uses:** The information collected on this form is included in a Privacy Act System of Records [DOT/FAA 847, Aviation Records on Individuals](#), and is subject to the routine uses published in the Federal Register (75 FR 68849-52 - Nov. 9, 2010) including:

- Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:
  - The type of certificates and rating held;
  - The date, class, and restrictions of the latest physical airman's certificate number;
  - The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
  - The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
  - Information relating to an individual's physical status or condition used to determine statistically the validity of FAA medical standards; and
  - Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- Providing information about enforcement actions, or orders issued thereunder, to government agencies, the aviation industry, and the public upon request.
- Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury (Treasury) and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including employers and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- Providing information about airmen through the airmen registry certification system to the Department of Health and Human Services, Office to the Child Support Enforcement, and the Federal Parent Locator Service that locates non-custodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternities, establishing and modifying support orders and location of obligors. Records named within the section on Categories of Records will be retrieved using Connect: Direct through the Social Security Administration's secure environment.
- Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- Making airman, aircraft, and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), the Department of Justice (DOJ) and other authorized government users, for their use in managing, tracking and reporting aviation related security events.
- Providing information about airmen to Federal, State, local, and Tribal law enforcement, national security or homeland security agencies whenever such agencies are engaged in the performance of threat assessments affecting the safety of transportation or national security.

The Department has also published 15 general routine uses applicable to all DOT Privacy Act systems of records. These routine uses are published in the Federal Register at [84 FR 55222 - October 15, 2019](#), [77 FR 42796 - July 20, 2012](#), and [75 FR 82132 - December 29, 2010](#) and under "Privacy Act System of Records Notices" (available at <https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notices>).

**Disclosure:** Submission of all requested data is voluntary; however, failure to provide all the required information would result in the FAA's inability to issue a certificate and/or rating.

**FAA Form 8610-3, Airman Certificate and/or Rating Application – Repairman  
(14 CFR Part 65),  
Supplemental Information**

***Your signature on FAA Form 8610-3 acknowledges that you received the Pilot's Bill of Rights  
Written Notification of Investigation at the time of your application.***

**PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION OF INVESTIGATION**

The information you submit on the attached FAA form 8610-3, Airman Certificate and/or Rating Application - Repairman (14 CFR Part 65), will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman certificate, rating, or inspection authorization to you under Title 49, United States Code (U.S.C.) section 44703(a), if the Administrator finds, after investigation, that you are qualified for, and physically able to perform the duties related to the certificate, rating, or inspection authorization for which you are applying. Therefore, in accordance with the Pilot's Bill of Rights, the Administrator is providing you with this written notification of investigation of your qualifications for an airman certificate, rating, or inspection authorization:

- The nature of the Administrator's investigation, which is precipitated by your submission of this application, is to determine whether you meet the qualifications for the airman certificate, rating, or inspection authorization you are applying for under Title 14, Code of Federal Regulations (CFR) part 65.
- Any response to an inquiry by a representative of the Administrator by you in connection with this investigation of your qualifications for an airman certificate, rating or, inspection authorization may be used as evidence against you.
- A copy of your airman application file for this date this application was made is available to you upon your written request addressed to:

Federal Aviation Administration  
Airman Certification Branch  
P.O. Box 25082  
Oklahoma City, OK 73125-0082

If you make a written request for your airman application file, please include From AC 8060-68 ([www.faa.gov/forms](http://www.faa.gov/forms)) or provide the following information in your request:

- Full legal name
- Date of birth or airman certificate number
- Date of the application

# FAA Form 8610-3, Airman Certificate and/or Rating Application – Repairman (14 CFR Part 65), Supplemental Information

## Instructions for Completing FAA Form 8610-3

### GENERAL INFORMATION

- An electronic, fillable, printable version of FAA Form 8610-3 is available at [www.faa.gov](http://www.faa.gov).
- Make all entries using permanent dark blue or black ink, or a typewriter or printer.
- Unless otherwise specified, enter all dates using eight-digit numeric characters, MM/DD/YYYY (e.g., 03/29/2019).
- Read all supplemental information provided with this form including the Paperwork Reduction Act Burden statement, the Privacy Act statement, the Pilot's Bill of Rights Written Notification of Investigation, and the Instructions for Completing FAA Form 8610-3. Remove and retain the supplemental information before submitting the application.
- To submit your application form, locate/contact an FAA Flight Standards office listed here: [https://www.faa.gov/about/office\\_org/field\\_offices/fsdo/](https://www.faa.gov/about/office_org/field_offices/fsdo/) or here: [https://www.faa.gov/about/office\\_org/field\\_offices/ifo](https://www.faa.gov/about/office_org/field_offices/ifo)

**IMPORTANT NOTE:** The applicant's signature on FAA Form 8610-3 confirms the applicant has received the Privacy Act statement and the Pilot's Bill of Rights Written Notification of Investigation at the time application was made.

All applications must have the application **TOP Section, Section I. APPLICANT INFORMATION** and **Section IV. APPLICANT'S CERTIFICATION** completed. See the instructions below to determine the additional sections/blocks to be completed depending on the certificate requested and the basis for certification.

### TOP Section

**Original Issuance, Added Rating/Privileges, Other.** Mark appropriate box for either the original issuance of a certificate type, or an added rating. Mark the "Added Rating/Privileges" box only if you are requesting to add a rating or privileges/limitations to an existing repairman certificate. Mark "Other" if you are requesting a change of name, sex, citizenship, nationality, or date of birth, as shown on your FAA certificate, and enter the type of change requested in the space provided.

**Certificate Type and Ratings.** Mark the appropriate box for the type of repairman certificate and/or rating(s) being applied for. You may only apply for one type of repairman certificate and rating per application.

### I. APPLICANT INFORMATION

**A. Name.** Enter your full legal name. Use commas to separate names, i.e. Last, First, Middle. If your full legal name is more than 47 characters including the suffix and spaces, use no more than one middle name for record purposes. Do not change your name on subsequent applications unless it is done in accordance with 14 CFR § 65.16. If you have a middle initial only, enter the initial. If you do not have a middle name or middle initial, enter "NMN" (no middle name). Indicate if you are a Jr., II, or III, etc.

**B. Date of Birth.** Enter your date of birth in the MM/DD/YYYY format.

**C. Place of Birth.** If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country, or province and country, of where you were born.

**D. Height.** Enter your height in inches. Example: 5'8" is entered as 68 in. Enter whole inches only, no fractions.

**E. Weight.** Enter your weight in pounds. Enter whole pounds only, no fractions.

**F. Hair Color.** Spell out the color of your hair. Choose from the following: bald, black, blonde, brown, gray, red or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

**G. Eye Color.** Spell out the color of your eyes. Choose from the following: black, blue, brown, gray, green, or hazel.

**H. Sex.** Mark box indicating your biological classification at birth, either Male or Female.

**I. Citizenship/Nationality.** Mark the box for USA if you are a U.S. citizen or legally naturalized U.S. citizen. Otherwise, mark "Other" and enter the country where you are a legal citizen.

Only show one citizenship reference in Block I. Annotate dual citizenship countries in the REMARKS section. To claim dual Citizenship, you must present appropriate citizenship documentation for each country upon application.

**J1. Physical Location/Address.** This block cannot be left blank. Enter your complete residential address including street number, city, state, and ZIP code. If you have a foreign address, the country must be stated. If a residential address does not exist, such as addresses using general delivery, a rural route, or when the applicant resides on a boat, in a recreational vehicle, or otherwise uses a P.O. Box, or personal mailbox, include (either as an attachment, or in the REMARKS section):

- A map or written directions to your physical address, 911 address, or Global Positioning System (GPS) coordinates;
- The boat/vessel registration number, if living on a boat; or
- The vehicle license plate number, vehicle identification number (VIN), if living in a recreational vehicle.

Mark box for attached directions, if applicable. A map or written directions are not required for Army Post Office (APO)/ Fleet Post Office (FPO)/Diplomatic Post Office (DPO) type addresses.

**J2. Mailing Address.** Enter your mailing address, if different from block J1. This address will be printed on the permanent airman certificate. You may leave the block blank if the "Same as J1" box is marked. A post office box, rural route, personal mailbox, commercial, or other mail drop can be used as your preferred mailing address.

To have your airman certificate mailed to an address other than what is listed in blocks J1 or J2, provide mailing instructions on a separate attachment or in the REMARKS section of the form.

**K. Other FAA Airman Certificate?** Answer the questions by marking yes or no. If yes, state the certificate type and number. Types of certificates include: pilot, mechanic, repairman, etc.

**L. Have you ever had a certificate suspended or revoked?** Answer the question by marking yes or no. refer to §§ 65.11 (c) and (d).

**M. Do you read, write, speak and understand the English language.** Mark yes or no. Refer to § 65.101(a)(6).

**N. Drugs or substance conviction?** Answer the question by marking yes or no. Only mark yes if you have been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

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(14 CFR Part 65),  
Supplemental Information**

**Instructions for Completing FAA Form 8610-3, continued.**

**II. APPLICATION BASIS.**

**A. § 65.101 Repairman.** Mark this box if you are applying for a § 65.101 Repairman certificate. Enter your experience and/or training in Section III related to the privileges/limitations applied for and reflected in your letter of recommendation.

**A1. Specify Repairman Privileges/Limitations Requested.** Indicate the privileges/limitations for which you are applying.

**A2.** Mark the box to indicate you have attached the required letter of recommendation from your employer.

**B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN.** Mark this box when applying for a § 65.104 Experimental Aircraft Builder repairman certificate. The information entered in B1-B4 should match what is stated on the aircraft's airworthiness certificate. You may apply for multiple aircraft privileges on the same application; use the Remarks block to list the below information when privileges for more than one aircraft are requested.

**B1. Make.** Insert the make of the aircraft (this is the builder's name as it appears on the aircraft data plate).

**B2. Model.** Insert the model of the aircraft.

**B3. Serial Number.** Insert the serial number of the aircraft.

**B4. Certification Date.** Insert the certification date of the aircraft.

**C. § 65.107 LIGHT-SPORT REPAIRMAN.** Mark this box when applying for a § 65.107 light-sport repairman certificate. Complete blocks C1 through C8, as appropriate.

**Use a separate application if applying for more than one rating.** For the rating specified, you may apply for multiple aircraft categories on the same application.

**C1. Aircraft Category.** Enter the category of aircraft requested.

**C2. Training Course Provider.** Enter the name of the training course provider, as stated on certificate of completion.

**C3. Course Name.** Enter the name of the training course.

**C4. Course Number.** Enter the training course number.

**C5. Course Completion Date.** Enter the date you completed the training course, as shown on the course certificate of completion.

**Note:** If multiple training courses were completed, enter additional course information for blocks C2 – C5 in the REMARKS section or on a separate attachment.

**III. RECORD OF EXPERIENCE OR TRAINING.** This section applies to § 65.101 repairmen applicants only.

**Note:** Provide dates of experience in eight-digit (MM/DD/YYYY) numeric format if necessary to count the days to ensure eligibility based on 18 months of practical experience. These dates can be handwritten in columns 1 and 2, or annotated in the REMARKS section.

**Columns 1 through 4.** Enter your work experience or training related to the certificate, privileges, and limitations being applied for. Mark the box if additional experience or training is included on a separate sheet.

**1. Date From.** Enter your employment/training start date in a six-digit (MM/YYYY) numeric format.

**2. Date To.** Enter your employment/training end date in a six-digit (MM/YYYY) numeric format.

**3. Employer/Trainer Name and Location.** Enter the name of your employer or name training provider, and the city and state of the employer and/or training provider.

**4. Type of Work Performed/Training Received.** Enter the type of work performed with the employer, or describe the training received, related to the privileges and limitations requested.

**IV. APPLICANTS CERTIFICATION (Page 1).** Complete this section at the time you make application.

**Applicants Signature and Date.** Sign your name to show you have read and understand the certification statement. Enter the date you signed the form, using the MM/DD/YYYY format.

**PAGE 2**

**APPLICANT INFORMATION.** When the application is printed on 2 separate pages (i.e., not printed double-sided), enter your name and date of birth. This section ensures page 1 and 2 of the application do not become separated.

**V. APPLICANTS CERTIFICATION.** Only complete this section at the time of issuance of a temporary certificate.

**A. Certificate suspended or revoked?** Answer the question by marking yes or no. Refer to § 65.11(c) and (d).

**B. Drug or Substance Conviction?** Answer the question by marking yes or no. Only mark yes if you have been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

**Applicants Signature and Date.** Sign your name to show you have read and understand the certification statement. Enter the date you signed the form, using the MM/DD/YYYY format.

**REMARKS.** You may annotate attachments, dual citizenship, mailing, or other information related to the application, in this block. This block is also used by the FAA for annotating additional information.

**ATTACHMENTS.** Mark appropriate box(s) indicating attachments to the application. Select "Other" when attachments are not listed in this block; annotate the attachment(s) in the REMARKS section.

**APPLICANT IDENTIFICATION (ID).** This is completed by the person verifying the applicant's identity at the time of application and/or certificate issuance. Changes or corrections to this information can be annotated in the REMARKS section.

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(14 CFR Part 65),  
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**Airman Certificate and/or Rating Application – Repairman  
(14 CFR Part 65)**

- ☐ ORIGINAL ISSUANCE      ☐ § 65.101 REPAIRMAN      ☐ § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN      ☐ § 65.107 LIGHT-SPORT REPAIRMAN
- ☐ ADDED RATING/PRIVILEGES      ☐ Inspection Rating
- ☐ OTHER \_\_\_\_\_      ☐ Maintenance Rating

**I. APPLICANT INFORMATION**

|                                                                                                                                                                                                                                                                                                                     |                    |                                                                                        |                               |                                                                                                                                                                     |                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| A. Name (Last, First, Middle)                                                                                                                                                                                                                                                                                       |                    |                                                                                        | B. Date of Birth (MM/DD/YYYY) |                                                                                                                                                                     | C. Place of Birth (City and State) or (City and Country)                                            |  |
| D. Height (Inches)                                                                                                                                                                                                                                                                                                  | E. Weight (Pounds) | F. Hair Color (Spell out)                                                              | G. Eye Color (Spell out)      | H. Sex <input type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                             | I. Citizenship / Nationality: <input type="checkbox"/> USA<br><input type="checkbox"/> Other: _____ |  |
| J1. Physical Location/Address (Required)<br><input type="checkbox"/> Directions are attached.                                                                                                                                                                                                                       |                    | J2. Mailing Address (will show on certificate)<br><input type="checkbox"/> Same as J1. |                               | K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No<br><input type="checkbox"/> Yes, Certificate type and number: _____ |                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                     |                    |                                                                                        |                               | L. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes                                       |                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                     |                    |                                                                                        |                               | M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input type="checkbox"/> Yes                                         |                                                                                                     |  |
| N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances?<br><i>Refer to § 65.12 and §91.19(a).</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____ |                    |                                                                                        |                               |                                                                                                                                                                     |                                                                                                     |  |

**II. APPLICATION BASIS** Complete Section III, Record of Experience, when application basis is A below. Continue additional information on a separate sheet if necessary.

|                                                                              |                                                                                                                                                                                                                                                                                                          |           |                             |                        |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|------------------------|
| <input type="checkbox"/> A. § 65.101 REPAIRMAN                               | A1. Specify Repairman Privileges/Limitations Requested:                                                                                                                                                                                                                                                  |           |                             |                        |
|                                                                              | A2. <input type="checkbox"/> I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations.                                                                                       |           |                             |                        |
| <input type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN | B1. Make                                                                                                                                                                                                                                                                                                 | B2. Model | B3. Serial Number           | B4. Certification Date |
| <input type="checkbox"/> C. § 65.107 LIGHT-SPORT REPAIRMAN                   | C1. Aircraft Category: <input type="checkbox"/> Airplane <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Powered Parachute <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Weight-Shift-Control |           |                             |                        |
|                                                                              | C2. Name of Training Course Provider                                                                                                                                                                                                                                                                     |           | C3. Course Name             |                        |
|                                                                              | C4. Course Number:                                                                                                                                                                                                                                                                                       |           | C5. Course Completion Date: |                        |

**III. RECORD OF EXPERIENCE OR TRAINING** Continue additional information on a separate sheet if necessary. ☐ Mark this box if separate sheet attached for additional information.

| 1. DATE FROM (MM/YYYY) | 2. DATE TO (MM/YYYY) | 3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State) | 4. TYPE OF WORK PERFORMED/TRAINING RECEIVED |
|------------------------|----------------------|---------------------------------------------------------|---------------------------------------------|
|                        |                      |                                                         |                                             |
|                        |                      |                                                         |                                             |
|                        |                      |                                                         |                                             |

**IV. APPLICANT'S CERTIFICATION** This area is completed by the applicant at the time application is made.

I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.

Applicant's Signature

Date (MM/DD/YYYY)

**APPLICANT INFORMATION** (Required if application is printed on 2 pages)

|                                           |                             |                              |
|-------------------------------------------|-----------------------------|------------------------------|
| Name (as shown on page 1 of application): | Date of Birth (MM/DD/YYYY): | Certificate Number (if any): |
|-------------------------------------------|-----------------------------|------------------------------|

**V. APPLICANT'S CERTIFICATION** This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| A. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                     |                   |
| B. Have you ever been convicted for violation of any Federal or state statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <input type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____                                                                                                                                                                                                   |                   |
| I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form. |                   |
| Applicant's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date (MM/DD/YYYY) |

**VI. FAA EXAMINER'S REPORT**

|                                                                                                                                                                                    |                   |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|
| I have examined this applicant's papers, and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued) <input type="checkbox"/> DISAPPROVED |                   |                            |
| FAA Signature (Print Name and Sign)                                                                                                                                                | Date (MM/DD/YYYY) | FAA Office/Designation No. |

**REMARKS****ATTACHMENTS**

|                                                           |
|-----------------------------------------------------------|
| <input type="checkbox"/> Letter                           |
| <input type="checkbox"/> Temporary Certificate            |
| <input type="checkbox"/> Other <u>See REMARKS section</u> |

**APPLICANT IDENTIFICATION (ID)** (Government Issued Photo ID)

|              |                  |
|--------------|------------------|
| Form of ID   | State or Country |
| ID Number    | Expiration Date  |
| Telephone No | Email Address    |

**FAA FILE REVIEW** (For FAA Office Use Only)

|                                     |                   |            |
|-------------------------------------|-------------------|------------|
| FAA Signature (Print Name and Sign) | Date (MM/DD/YYYY) | FAA Office |
|-------------------------------------|-------------------|------------|