



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

Supplemental Information and Instructions

OMB Control Number: 2120-0690

Expiration Date: 12/31/2025

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 Statement

Privacy Act Statement (5 U.S.C. § 552a(e)(3)):

Authority: The authorities for collecting information by the form FAA 8710-11, Airman Certificate and/or Rating Application – Sport Pilot, is [49 U.S.C. 40113](#), [44702](#), [44703](#), [44709](#), [44710](#), [44711\(a\)\(2\)](#) and [14 CFR Part 61](#).

Purpose: The form FAA 8710-11 collects the applicant's name, social security number (optional), date of birth, place of birth, address and certificate number. The principal purpose for collecting the information is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

Routine Uses: The information collected by form FAA 8710-11 is shared in accordance with the Privacy Act system of records notice ([SORN](#)) [DOT/FAA 847](#) - Aviation Records on Individuals (89 75 FR 48956 - June 10, 2024).

Disclosure: Submission of this data is mandatory, except for the social security number, which is optional. However, an incomplete submission may result in delay in a response and/or an inability to process the application.

Your signature on this form (Form FAA 8710-11) acknowledges that you received the Pilot's Bill of Rights Written Notification of Investigation at the time of this application.

PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION OF INVESTIGATION

The information you submit on the attached form FAA 8710-11, Airman Certificate and/ or Rating Application - Sport Pilot, will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman certificate and/or rating 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 and/or rating for which you are applying. You also submit form FAA 8710-11 with documentation to the Administrator to identify and validate flight instructor recent experience (recency). 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 and/or rating, or flight instructor recency:

- 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 and/or rating you are applying, or flight instructor recency information you are submitting, as applicable, under Title 14, Code of Federal Regulations (CFR) part 61.
- 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 and/or rating, or flight instructor recency may be used as evidence against you.
- A copy of your airman application file for this date is available to you upon your written request addressed to:

Federal Aviation Administration
Airmen Certification Branch, AFB-720
P.O. Box 25082
Oklahoma City, OK 73125-0082

(If you make a written request for your airman application file, please provide your full name, date of birth or airman certification number for identification purposes, and the date of application.)



U.S. Department of Transportation
Federal Aviation Administration

CERTIFICATE AND/OR RATING APPLICATION – SPORT PILOT

INSTRUCTIONS FOR COMPLETING Form FAA 8710-11

I. APPLICATION INFORMATION. Mark "X" in all appropriate blocks(s).

Please enter all dates in eight digits as MM/DD/YYYY.

Use numeric characters, (e.g., 01/01/2023)

Block A. Name. Enter full legal name (Last, First, Middle). If your full legal name is more than 50 characters, use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with 14 CFR part 61.25. If you do not have a middle name, enter "NMN." If you have a middle initial only, indicate "Initial only." Indicate if you are a Jr., II, or III.

Block B. Social Security Number. Enter either your 9-digit social security number, "Do Not Use" or "None" if you are not a U.S. citizen. If entering a social security number, only enter a 9-digit U.S. social security number (optional). See supplemental Privacy Act Information.

Block C. Date of Birth. Enter your date of birth in the following format: MM/DD/YYYY. Check for accuracy. Verify that DOB is the same as it is on the medical certificate.

Block D. 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 where you were born.

Block E. Residential Address. Enter your complete residential address. This must include street number, city, state, and zip code. If the applicant has a foreign address, the country must be stated. If a residential address does not exist, a map or written directions to the applicant's physical residence must be attached to the application. Verify that the numbers are not transposed.

Block F. Citizenship. Mark USA if you are a U.S. Citizen or legally naturalized U.S. Citizen. If you are not a U.S. citizen, mark "Other" and enter the country where you are a legal citizen. To claim Dual Citizenship the applicant must present appropriate documentation of citizenship for each country.

Block G. Do you read, speak, write and understand the English language? Mark yes or no. If you answered "No" and it is due to medical reasons, an operating limitation will be placed on the airman certificate.

Block H. Height. Enter your height in inches. Example: 5'8" would be entered as 68 in. No fractions, use whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions, use whole pounds.

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

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

Block L. Sex. Mark either Male or Female as appropriate.

Block M. Do You Hold or Have You Ever Held An FAA Pilot Certificate including revoked certificates? Mark yes or no. (NOTE: A student pilot certificate is a pilot certificate.) If Yes, complete Blocks N, O and P.

Block N. Grade of Certificate. Enter the grade of the FAA pilot certificate you hold (i.e. Student, Recreational, Private, Commercial, or ATP). DO NOT enter flight instructor certificate information.

Block O. Certificate Number. Enter your current FAA certificate number as it appears on the pilot certificate.

Block P. Date Issued. Enter the date your pilot certificate was last issued.

Block Q. Do You Hold, or Have You Ever Held, a Medical Certificate? Mark applicable boxes. If yes, complete blocks R, S, and T.

Block R. Class of Medical Certificate. Enter the class as shown on the medical certificate, (i.e., First, Second, or Third Class). If your most recent medical certificate which was valid at some point after July 14th, 2006 has expired and you are operating under BasicMed, enter "BASICMED" in this field.

Block S. Date Issued. Enter the date your medical certificate was issued. If you are operating under BasicMed, leave blank.

Block T. Name of Medical Examiner. Enter the medical examiner's name as shown on your medical certificate. If you are operating under BasicMed, leave blank.

Block U. Driver's License. Indicate whether you hold a U.S. driver's license by marking yes or no. If you answer yes, complete boxes V, W, X and Y.

Block V. License number. Enter your complete driver's license number. Verify that the numbers are not transposed.

Block W. State of Issuance. Enter the name of the state that issued your driver's license.

Block X. Date Issued. Enter the date your driver's license was issued, using the following format: MM/DD/YYYY.

Block Y. Expiration Date. Enter the date on which your driver's license will expire, or has expired, using the following format: MM/DD/YYYY.

Block Za. Narcotics Drugs. Mark appropriate block. Only mark "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, mark "No." Do not include motor vehicle actions already reported in accordance with as defined in 14 CFR §61.15(c).

Block Zb. Date of Final Conviction. If block "Za" was marked "Yes" provide the date of final conviction.

II. Certificate, Privilege or Rating Applied For on Basis of: Block A. Completion of Required Test.

1. Aircraft to be used. (If flight test required) – Enter the make and model of each aircraft used or represented. If a flight simulation training device (FSTD) is used, indicate Level of Device(s).
2. Total time in this aircraft and/or approved full flight simulator (FFS) or flight training device (FTD) (Hrs.) – (2a) Enter the total Flight Time (2b) Enter Pilot-In- Command (PIC) Flight Time.

Block B. Graduate of an Approved/Accepted Course.

1. Enter the name and location of training center, school or agency. Indicate if this was a part 142 training center.
 - 1a. Enter the certificate number of the training center, if applicable.
 2. Curriculum From Which Graduated. Enter name of curriculum and level, category, and/or type rating, as applicable.
 3. Date. Date of graduation from indicated course.
- Note:** Approved course graduate must also complete block A "Completion of Test or Activity," if the course is not part of an Air Agency or a part 142 Training Center.

Block C. Holder of Foreign License.

1. Country that Issued the Foreign Pilot License.
2. Grade Of Foreign Pilot License (i.e. private, commercial, etc).
3. Number. Number which appears on the foreign license.
4. Ratings. Enter the FAA equivalent only ratings that appear on the foreign license. Indicate the ratings as they will appear on the FAA Certificate (i.e. ASEL, AMEL, ROTORCRAFT HELICOPTER, CE-500, etc).

III. RECORD OF PILOT TIME. At a minimum, the applicant should complete the blocks applicable to the certificate or rating sought; however, it is recommended that all pilot time be entered. If decimal points are utilized, ensure that they are legible. Time entered in the "Class Totals" block should reflect time in aircraft class for the certificate or rating sought with this application. The time entered for an FFS, FTD, and/or ATD may be credited towards the total time in the category, class, and instrument time as permitted by the regulations. Add any Flight Engineer time used for ATP in remarks section.

IV. HAVE YOU PREVIOUSLY RECEIVED A NOTICE OF DISAPPROVAL OR BEEN DENIED FOR ANY REASON FOR THE CERTIFICATE AND/OR RATING FOR WHICH YOU ARE APPLYING? Mark "Yes" or "No" as appropriate.

V. APPLICANT'S/INDIVIDUAL'S CERTIFICATION.

- A. Signature. Sign your name.
- B. Date. The date you signed the application.

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application – Sport Pilot

I. Application Information

Pilot	Flight Instructor	Reexamination	Additional Privilege:	Airplane	Gyroplane
Student	Initial	Reissuance of _____ Certificate	Initial Privilege:	Airship	Helicopter Simplified Flight Control
Sport	Recent Experience	Other _____		Balloon	Powered Parachute
Private	Reinstatement	Proficiency Check		Glider	☐ Weight Shift Control

A. Name (Last, First, Middle)	B. SSN (US only)	C. Date of Birth (MMDDYYYY)	D. Place of Birth (City and State) or (City and Country)
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E. Residential Address (Including City, State, Zip Code, and Country)	F. Citizenship	Specify	G. Do you read, speak, write & understand the English language?	Yes	No
	USA	Other _____			
	H. Height (inches)	I. Weight (pounds)	J. Hair Color	K. Eye Color	L. Sex Male Female

M. Do you hold, or have you ever held an FAA Pilot Certificate including revoked certificates? (Note: A student pilot certificate is a pilot certificate.)	Yes	No	N. Grade of Certificate	O. Certificate Number	P. Date Issued
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Q. Do you hold, or Have You Ever Held, a Medical Certificate?	Yes	No	R. Class of Medical Certificate	S. Date Issued	T. Name of Medical Examiner
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U. Do you hold a US Driver's License?	Yes	No	V. License Number	W. State of Issuance	X. Date Issued	Y. Expiration Date
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Za. 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 as defined in 14 CFR §61.15(a)? Do not include motor vehicle actions reported as defined in 14 CFR §61.15(c).	Yes	No	Zb. Date of Final Conviction
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II. 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-Command
	1) _____ 2) _____	1) _____ 2) _____ SIM) _____ FTD) _____ hours	1) _____ hours 2) _____ hours
B. Graduate of Approved/Accepted Course	1. Name and Location of Training Agency or Training Center		1a. Certification Number
	2. Curriculum From Which Graduated		3. Date
C. Holder of Foreign License Issued By	1. Country	2. Grade of License	3. Number
	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				
				PIC	SIC			PIC	SIC				PIC	SIC	PIC	SIC	PIC	SIC	Flights	Aero-Tows	Ground Launches
Airplanes																					
Gyroplane																					
Helicopter Simplified Flight Control																					
Gliders																					
Lighter-than-Air																					
Weightshift Control																					
Powered Parachute																					

IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate, rating AND/OR privilege for which you are applying?	Yes	No
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V. Applicant's/Individual's Certification – I certify that all statements and answers provided by me on this 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 or to validate recency. 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.

Signature of Applicant/Individual	Date
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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 Number	Recent Experience End Date	

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				
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)			Approved – No Temporary Certificate Issued	
Disapproved – Disapproval Notice Issued (Original Attached)				
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 Number(s) 1) 2)		
Date	Examiner's Signature (Print Name & Sign)	Certificate Number	Designation Number	Designation 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 part 61 (Subparts K or J), and find the applicant proficient in _____ and _____ light-sport aircraft.				
Proficiency Check: Satisfactory Unsatisfactory				
Date	Instructor's Signature (Print Name & Sign)	Certificate Number	Recent Experience End 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)			Disapproved – Disapproval Notice Issued (Original Attached)																									
Approved – No Temporary Certificate			Proficiency Check: Satisfactory 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 Number(s) 1) 2)																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Student Pilot Certificate Issued</td> <td style="width: 30%;">Certificate or Rating Based on:</td> <td style="width: 20%;">Flight Instructor</td> <td style="width: 20%;">Initial</td> <td style="width: 10%;">Added Rating/Privilege</td> <td style="width: 10%;">Recent Experience</td> </tr> <tr> <td>Examiner's Recommendation</td> <td>Foreign License</td> <td></td> <td>Reinstatement</td> <td></td> <td></td> </tr> <tr> <td>ACCEPTED REJECTED</td> <td>Approved Course Graduate</td> <td>Instructor Recency Based on:</td> <td>Activity</td> <td>WINGS</td> <td></td> </tr> <tr> <td>Reissue or Exchange of Pilot Certificate</td> <td>Other Approved FAA Qualification Criteria</td> <td></td> <td>Training Course</td> <td>Test</td> <td>Duties and Responsibilities</td> </tr> </table>					Student Pilot Certificate Issued	Certificate or Rating Based on:	Flight Instructor	Initial	Added Rating/Privilege	Recent Experience	Examiner's Recommendation	Foreign License		Reinstatement			ACCEPTED REJECTED	Approved Course Graduate	Instructor Recency Based on:	Activity	WINGS		Reissue or Exchange of Pilot Certificate	Other Approved FAA Qualification Criteria		Training Course	Test	Duties and Responsibilities
Student Pilot Certificate Issued	Certificate or Rating Based on:	Flight Instructor	Initial	Added Rating/Privilege	Recent Experience																							
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Training Course (FIRC) Name		Graduation Certificate Number		Date																								
Date	Inspector's Signature (Print Name & Sign)	Certificate Number	FAA District Office																									

Attachments: Student Pilot Certificate (Copy) Knowledge Test Report Temporary Airman Certificate Notice of Disapproval Superseded Airman Certificate	Airman's Identification (ID): Form of ID: Number: Expiration Date: Telephone Number: Meets Aviation English Language Standard Does Not Meet Aviation English Language Standard REMARKS:	Applicant's/Airman's Information: Name: Date of Birth: Certificate Number: Email Address: Referred to FSO for Aviation English Language Standard Determination
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U.S. Department of Transportation
Federal Aviation Administration

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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