

**Air Traffic Safety Oversight Service
ATCS Proficiency Manager Designation Form
Instructions for Completing FAA Form 8000-44**

Section 1. Applicant Information

Block A. Designation Type.

Select the requested type of PM or Co-PM designation (district level or individual air traffic field facility) by clicking the radio button associated with the desired designation.

Block B. Name. Enter last name, first name, middle initial and suffix (example: Jr., Sr., II, III).

Block C. Birth Month. Use the drop-down list to select the month you were born.

Block D. 9-digit AOV Credential Number. If you hold or have held a credential, please enter your 9-digit credential number.

Block E. Your FAA e-mail. Enter your FAA e-mail address.

Block F. District or Home Facility ID. Enter the 4-letter ID of your District (for District PM/ Co-PM requests) or the 3-character ID of your ATC facility.

Block G. Phone (work). Enter your home facility telephone number.

Block H. Name of PM or Co-PM being replaced. Enter the name of the person you are replacing.

Block I. Effective Date. Enter the date when PM responsibilities take effect.

Block J. New status of person being replaced. Briefly describe the reason you are replacing the previous PM. Examples: "Co-PM retired" or "PM is on a detail to the Command Center."

Section 2. Facility Identification

Block A. Facility ID. Enter the facility ID for each facility where you will perform PM functions. If you are requesting a PM or Co-PM designation for a District, only name the District.

Block B. Signature. Read the Applicant's Certification statement and sign.

Section 3. Comments

Enter any applicable comments or special requests.

Instructions for submitting the form

Please visit the [Frequently Asked Questions](#) page in the Credentialing System for up-to-date information on where to submit the 8000-44 form.

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

AUTHORITY: Title 49 of the United States Code section 40101 authorizes DOT to collect this information.

PURPOSES: DOT will use the information provided to identify proficiency managers and individuals being designated as proficiency managers and to ensure that credentials reflect the appropriate ratings and designations.

ROUTINE USES: Records are maintained in accordance with DOT/FAA 847 Aviation Records on Individuals; however, these records will not be disclosed outside of the FAA.

DISCLOSURE: Provision of the requested information is voluntary; however, failure to furnish the requested information may result in an inability of the Department to issue you a credential.

ATCS Proficiency Manager Designation Request Form			
SECTION 1: APPLICANT INFORMATION			
A. Designation Type <i>(check the button below for the designation requested)</i>			
Air Traffic Facility PM	Air Traffic Facility Co-PM	DISTRICT PM	DISTRICT Co-PM
B. Name (Last, First, MI, Suffix)		C. Birth Month (select from list)	D. 9-digit AOV Credential Number
E. Your FAA e-mail		F. District or Home Facility ID	G. Phone (work)
H. Name of PM being replaced			I. Effective Date
J. New status and home facility of the person being replaced			
SECTION 2: FACILITY IDENTIFICATION. List the facilities within your area of responsibility for which you will be performing Proficiency Manager functions per FAA Order 8000.90. If District Designation, list the District.			
A. Facility IDs			
Applicant's Certification: <i>"I certify that the information above is correct and that I meet the requirements in accordance with FAA Order 8000.90 for the designation requested. This request is submitted with full understanding of my roles and responsibilities as Proficiency Manager."</i>			
B. Signature			
SECTION 3: COMMENTS.			