U.S. Department
of Transportation
Federal Aviation Administration

FAA Form 8710-1, Airman Certificate And/or Rating Application Supplemental Information and Instructions

Paperwork Reduction Act Statement:
Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not requiredto respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to therequirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB ControlNumber. The OMB Control Number for this information collection is 2120-0021. Public reporting for this collection ofinformation is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searchingexisting 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 per 14 CFR Part 61. Send comments regardingthis burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to theFAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

See Privacy Act Information and Pilot's Bill of Rights Written Notification of Investigation below. Detach these parts before submitting form.

Instructions for completing this form (FAA 8710-1) are below.
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.

Tear off this cover before submitting form

AIRMAN CERTIFICATE AND/OR RATING APPLICATION

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 61 and 65. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

(a) Providing basic airmen certification and qualification information to the public upon request. Examples of basic information include:
- The type of certificates and ratings held, limitations, date of issuance and 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 airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.

(b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.

(c) Disclosing information to the National Transportation Safety Board in connection with its investigation responsibilities.

(d) 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.

(e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.

(f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).

(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.

(h) 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.

(i) 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 current 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.

(j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial 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 paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.

(k) 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.

(l) 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.

(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense, the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

Your signature on this form (FAA Form 8710-1) 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 FAA Form 8710-1, Airman Certificate and/or Rating Application, 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) parts 61, 63, or 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 is available to you upon your written request addressed to:

Federal Aviation Administration
Airmen Certification Branch, AFS-760
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.)

AIRMAN CERTIFICATE AND/OR RATING APPLICATION
INSTRUCTIONS FOR COMPLETING FAA FORM 8710-1

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

Note: *Please enter all dates in eight digits as MM/DD/YYYY. Use numeric characters, (e.g. 01/01/2014).*

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., or 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 US citizen. If entering a social security number, only enter a 9-digit US 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 E1. 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 E2. Mailing Address. Enter your mailing address, if different than block E1. This may be a residence, post office box, rural route, flight school address, personal mail box (PMB), commercial address, or other mail drop location, as applicable. The address provided in block E2, if any, will be printed on the permanent airman certificate. If you want your airman certificate mailed to an address other than provided in blocks E1 or E2, you will need to provide instructions on a separate attachment or in the remarks section of the form.

Block F. Citizenship/Nationality. Mark USA if you are a US Citizen or legally naturalized US Citizen. If you are not a US 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 only.

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? Mark yes or no. (NOTE: A student pilot certificate is a pilot certificate.) If. Yes, complete Blocks M1, M2, and M3.

Block M1. 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 M2. Certificate Number. Enter your current FAA certificate number as it appears on the pilot certificate.

Block M3. Date Issued. Enter the date your pilot certificate was last issued.

Block N. Do You Hold a Medical Certificate? Mark applicable boxes. If yes, complete blocks N1, N2, and N3.

Block N1. Class of Medical Certificate. Enter the class as shown on the medical certificate, (i.e., First, Second, or Third Class).

Block N2. Name of Medical Examiner. Enter the medical examiner's name as shown on your medical certificate.

Block N3. Date Issued. Enter the date your medical certificate was issued.

Block O. 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 alcohol offenses involving a motor vehicle mode of transportation as those are covered on the FAA Form 8500-8, Medical application.

Block O1. Date of Final Conviction. If block "N" was marked "Yes" provide the date of final conviction.

II. CERTIFICATE 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. U.S. Military Competence Or Experience. Enter your branch of service, date rated as a U.S. military pilot, and your rank or grade. In block 4a and 4b, enter the make and model of each military aircraft used to qualify (as appropriate).

Block C. Graduate of an Approved Course.

1. Name, Location, Certification Number of Training Agency/Center, as shown on the graduation certificate. Indicate if this was a part 142 training center.
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 D. 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).

Block E. Completion of Air Carrier's Training Program.

1. Name of air carrier.
2. Date program was started.
3. Identify the training program accomplished.

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 FAILED A PRACTICAL TEST FOR THIS CERTIFICATE OR RATING?

Mark "Yes" or "No" as appropriate.

V. APPLICANT'S CERTIFICATION.

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

TYPE OR PRINT ALL ENTRIES IN INK

Form approved OMB No:2120-0021
Exp. 07/31/2014

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):

Certificates

Pilot: ☐ Student ☐ Recreational ☐ Private ☐ Commercial ☐ ATP-Restricted ☐ ATP

Instructor: ☐ Flight ☐ Ground

Ratings

Category and/or Class: ☐ ASE ☐ AME ☐ Land ☐ Sea ☐ Helicopter ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Airship ☐ Powered-Lift

Type Rating:

Instrument: ☐ Airplane ☐ Helicopter ☐ Powered-Lift

Ground Instructor: ☐ Basic ☐ Advanced ☐ Instrument

Other Information/Requests

☐ Initial ☐ Reexamination ☐ Instrument Proficiency Check
☐ Renewal ☐ Reissuance ☐ Medical Flight Test
☐ Reinstatement ☐ Flight Review ☐ Limitation Removal

Specify other:

A. Name *(Last, First, Middle)*	B. SSN *(US Only)*	C. Date of Birth MM/DD/YYYY	D. Place of Birth *(City and State) or (City and Country)*

E1. Residential Address *(Including City, State, Zip Code, and Country)*	E2. Mailing Address *(This address will be printed on the permanent airman certificate, if different than block E1.)*	F. Citizenship / Nationality ☐ USA ☐ Other *specify:*	G. Do you read, speak, write, & understand the English language? ☐ Yes ☐ No

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 certificate? ☐ Yes ☐ No	M1. Grade of Certificate	M2. Certificate Number	M3. Date Issued
N. Do you hold a Medical Certificate? ☐ Yes - FAA ☐ Yes - Foreign ☐ No	N1. Class of Medical Certificate	N2. Name of Medical Examiner	N3. Date Issued

O. 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? *Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form.* ☐ Yes ☐ No

O1. Date of Final Conviction

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

☐ A. Completion of Test or Activity	1. Aircraft to be used *(If flight test required)*	2. Total time in this aircraft and/or approved FFS or FTD *(hours)*:	a. Flight Time	b. As Pilot-in-Command
☐ B. U.S. Military Competence or Experience	1. U.S. Military Service	2. Date Rated in U.S. Military		3. Rank or Grade
	4. List Military aircraft for which you have:	a. logged pilot time or provided flight instruction (IP) *(make and model)*	b. passed an Instrument Proficiency Check *(Pilot or CFI) - (make and model)*	
☐ C Graduate of an Approved Course	1.Training Agency or Training Center:	1a. Name	1b. Location *(City and State)*	1c. Certification Number	1d. Part 142? ☐ Yes ☐ No
	2. Curriculum From Which Graduated *(Level, Category, and Class and/or Type Rating)*			3. Date
☐ D Holder of Foreign License	1. Country that Issued the Foreign Pilot License	2. Grade of Foreign Pilot License	3. Foreign Pilot License Number	
	4. Ratings Held on Foreign Pilot License *(FAA equivalent only – e.g. ASEL, AMEL, Type rating, etc.)*			
☐ E. Air Carrier Training Program	1. Name of Air Carrier	2. Date Training Began	3. Accomplished Training Program ☐ Initial ☐ Upgrade ☐ Transition ☐ Recurrent	

III. RECORD OF PILOT TIME *(Do not write in the shaded areas)*

	Total	Instruction Received	Solo	PIC and SIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Class Totals				Number of Flights	Aero-Tows	Ground Launches	Powered Launches
Airplanes				PIC / SIC			PIC / SIC				PIC / SIC	PIC / SIC	SEL	MEL	SES	MES				
Rotorcraft				PIC / SIC			PIC / SIC				PIC / SIC	PIC / SIC	Helicopter		Gyroplane					
Powered Lift				PIC / SIC			PIC / SIC				PIC / SIC	PIC / SIC								
Gliders				PIC / SIC																
Lighter-Than-Air				PIC / SIC			PIC / SIC				PIC / SIC	PIC / SIC	Balloon		Airship					
FFS																				
FTD																				
ATD																				

IV. Have you previously failed the practical test for the certificate or rating for which you are applying? ☐ Yes ☐ No If Yes, enter date of last disapproval

V. APPLICANT'S CERTIFICATION: 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.

Signature of Applicant	Date MM/DD/YYYY

Instructor Action

☐ Flight Review ☐ Instrument Proficiency Check ☐ Recommendation - *I have personally instructed the applicant and consider this person ready to take the test.*

Date	Certified Flight Instructor's Signature *(Print Name and Sign)*	Certificate Number	CFI Certificate Expires

Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further practical test.

Date	Agency Name and Number	Official Signature

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 I certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate 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.

☐ I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.

☐ Approved – Temporary Certificate Issued (Original Attached) ☐ Disapproved – Disapproval Notice Issued (Original Attached)

Location of Test *(Name of Facility or Airport, City, State)*	Duration of Test		
	Ground / Oral	FFS / FTD	Flight

Certificate or Rating Being Applied For *(Grade, Category, Class and/or Type Rating)*	Type(s) of Aircraft Used	Registration Number(s)

Date	Examiner's Signature *(Print Name & Sign)*	Certificate Number	Designation Number	Designation Expires

Evaluator's Record (*Use for All ATP Certificate(s) and/or Type Rating(s)*)

	Inspector	Examiner	Signature and Certificate Number	Date
Ground / Oral	☐	☐	_____	_____
Approved FFS/FTD Check	☐	☐	_____	_____
Aircraft Flight Check	☐	☐	_____	_____
Advanced Qualification Program	☐	☐	_____	_____

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. (*The approved box need only checked if the Inspector is the one that issued the temporary airman certificate)*

☐ I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.

☐ Approved – Temporary Certificate Issued (Original Attached) ☐ Disapproved – Disapproval Notice Issued (Original Attached)

Location of Test *(Name of Facility or Airport, City, State)*	Duration of Practical Test		
	Ground / Oral	FFS / FTD	Flight

Certificate or Rating Being Applied For *(Grade, Category, Class and/or Type Rating)*	Type(s) of Aircraft Used	Registration No.(s)

Certification Activities:

☐ Examiner's Recommendation Provided/Reviewed
☐ Accepted ☐ Rejected
☐ Student Pilot Certificate Issued
☐ Reissue or exchange of pilot, CFI, or G.I. certificate
☐ Change of name, nationality, gender or date of birth
☐ SIC Type Rating issued under § 61.55(b) (Part 91)

☐ Ground Instructor Certificate Issued
☐ Basic
☐ Advanced
☐ Instrument

☐ Flight Instructor Certificate Issued
☐ Initial ☐ Renewal ☐ Reinstatement
Instructor Renewal Based On:
☐ Activity ☐ Training Course
☐ Test ☐ Duties and Responsibilities
☐ Military Instructor Proficiency Check

☐ Certificate or Rating Based on Approved FAA Qualification Criteria Not Identified on Page 1
☐ Special medical test conducted – report forwarded to issuing medical office or AAM-300
☐ Special Test-Reexamination (44709) conducted
☐ Approved ☐ Disapproved

Training Course (FIRC) Name	Graduation Certificate Number	Date of FIRC Graduation Certificate

Date	Inspector's Signature (*Print Name & Sign*)	Certificate Number	FAA Office (e.g. SO-15, WP-19)

Attachments:

☐ Student Pilot Certificate (Copy)
☐ College Transcript (Official)
☐ ATP CTP Graduation Certificate
☐ Knowledge Test Report
☐ Temporary Airman Certificate
☐ Notice of Disapproval
☐ Superseded Airman Certificate

Airman's Identification (ID) (*US driver's license or passport recommended*)	Applicant Information *(required if printed on 2 pages)*
Form of ID	Name
ID Number *(If issued by State, include State)*	Date of Birth
Expiration Date *(must be valid)*	Certificate Number
Telephone Number	E-Mail Address
REMARKS from Inspector or Examiner :	

FAA Form 8710-1 (05-14) Supersedes Previous Edition