



U.S. Department
of Transportation
**Federal Aviation
Administration**

TAMPA FLIGHT STANDARDS DISTRICT OFFICE

**5601 MARINER STREET, SUITE 310
TAMPA, FL 33609-3416
813-287-4900 FAX: 813-287-4940**

PILOT'S BILL OF RIGHTS (PBR) WRITTEN NOTIFICATION OF INVESTIGATION

The information you submit on the attached FAA Form 8610-1 Mechanic's Application for Inspection Authorization 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 (USC) 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 PBR, 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 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*

**ACKNOWLEDGMENT OF RECEIPT OF PILOT'S BILL OF RIGHTS
WRITTEN NOTIFICATION**

I acknowledge that I received the Pilot's Bill of Rights Written Notification of Investigation at the time of this application

Applicant's Name (Print)

Airman Certificate No. _____
(if applicable)

Applicant's Date of Birth. _____

Signature of Applicant

DATE: _____
MM/DD/YYYY