Department of Transportation Federal Aviation Administration	**ATCS Proficiency Manager Designation Request Form Instruction Sheet**

New Applicant	Select this box if the facility has never had a Proficiency Manager.
Replacing Existing PM	Select this box if you are replacing a Proficiency Manager.
Change	Select to update form to include all locations under your area of responsibility, add a rating to a facility, change address, etc.
Date	Enter today's date.
First Name	Applicant's first name.
MI	Enter applicant's middle initial. If you have more than one middle name, use the first of your names.
Last Name	Enter applicant's last name. If your last name is hyphenated, use both names.
SSN (last 6)	Enter applicant's last 6 digits of social security number.
Birth Month	Enter or select from the drop-down list your birth month.
FAA e-mail	Enter applicant's FAA electronic mail address.
Service Area	Enter applicant's service area (Western, Central, Eastern, etc.).
Service Director	Enter full name of applicant's service director for the primary facility listed.
Primary Facility	Enter applicant's primary facility.
Phone (work)	Applicant's work telephone number.
Address	Enter mailing address of primary facility.
City	Enter city for primary facility.
State	Enter state of primary facility.
Zip Code	Enter zip code of primary facility.

FACILITY ID	MAILING ADDRESS	RATINGS
Enter the facility identifications IAW FAA Order 7350.7 (Location Identifiers) within your area of responsibility, including the primary facility.	**Enter the address for each of the facility identifications listed.** List Street, City, State, and Zip Code.	**For the ratings boxes, Tower, Radar Approach and Enroute, check the box for the ratings that apply to that particular facility (including your home facility). Also list any facility (including your home facility) for which you provide CTO Examiners and select the "Designation of CTO Examiners" box.**

Signature and Date

Sign your full name on the form and fax to AOV (202) 267-9133.
Then mail original document to the address below.

Federal Aviation Administration
Air Traffic Safety Oversight Service
Room 1026, Attn: AOV Credentialing
800 Independence Avenue, SW
Washington, DC 20591

TYPE OR PRINT ALL ENTRIES IN INK

FAA Form 8000-44

Department of Transportation Federal Aviation Administration

ATCS Proficiency Manager Designation Request Form

New Applicant ☐ | Replacing Existing PM ☐ | Change ☐

Date _____

First Name _____ MI _____ Last Name _____ SSN (last 6) _____

Birth Month _____ FAA e-mail _____

Service Area _____ Service Director _____

Primary Facility _____ Phone (work) _____

Address _____

City _____ **State** _____ **Zip Code** _____

List the facilities within your area of responsibility for which you will be performing Proficiency Manager functions as per FAA Order 8000.90 Chapter 6, f. Also identify facilities for which you will be issuing CTO Examiner Designations, to include contract towers.

FACILITY ID IAW 7350.7	ADDRESS	DESIGNATION OF CTO EXAMINERS	Ratings		
			TOWER	RADAR APPROACH	EN ROUTE
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

As Manager for the facilities identified, 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 role and responsibilities as Proficiency Manager.

Signature _____ Date _____

(Proficiency Manager)

Privacy Act Statement

The information collected on this form is collected under the authority of U.S.C. 49, Section 101. The reason we are collecting this information is to identify you and ensure that credentials reflect the appropriate ratings and designations. Providing this information is voluntary; however, if you do not provide this information, we will not be able to issue you a credential. This information is used for internal FAA purposes only.

LOCAL REPRODUCTION AUTHORIZED