Department of Transportation Federal Aviation Administration	**ATSS 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 responsibility, add a rating(s) to an SSC, or change of address.
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 his/her 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.

SSC Enter the SSCs within your area of reponsibility.	**MAILING ADDRESS** Enter the address for each of the SSCs listed. List Street, City, State, and Zip Code.	RATINGS **For the ratings boxes, Communications, Automation, Environmental, NAVAID, Surveillance, check the box for the ratings that apply to that particular SSC.**

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 8000-45

Department of Transportation Federal Aviation Administration	**ATSS 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 SSCs within your area of responsibility and identify ratings for each.

SSC	MAILING ADDRESS	Ratings				
		COMMUNICATIONS	AUTOMATION	ENVIRONMENTAL	NAVAID	SURVEILLANCE
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

As a GNAS/OEP Manager or District Office 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