AIR TRAFFIC SAFETY OVERSIGHT SERVICE
ATCS PROFICIENCY MANAGER DESIGNATION FORM
INSTRUCTIONS FOR COMPLETING FAA FORM 8000-44

Section 1. Applicant Information

Block A. Name. Enter last name, first name, middle initial and Suffix. Example: Jr., Sr., II, III.

Block B. SSN (Last 6). Enter the last six numbers of your social security number. This number will not be shown on your credential. It is solely used for the purpose of uniquely identifying each individual in the credentialing database.

Block C. Birth Month. Select the month you were born.

Block D. AOV Credential #. If you already have an AOV Credential, please enter your credential number.

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

Block F. Service Area. Enter the service area your facility is located.

Block G. District. Enter the name of the district your facility is located.

Block H. Home Facility ID. Enter the 3 letter ID (in accordance with IAW 7350.7) of your home facility.

BlockI.Address. Enter the mailing address of your home facility.

Block J. Phone (work). Enter the telephone number of your home facility.

Block K. Name of PM being replaced. Enter the name of the PM you are replacing.

Block L. Reason for Replacement. Briefly describe the reason you are replacing the previous PM. Example: “PM retired or left the FAA.”

Section 2. Facility Identification

Block A. Facility ID. Enter the 3 letter ID (in accordance with IAW 7350.7) of the facilities you will perform PM functions.

Block B. Mailing Address. Enter the mailing address of the facility. This is the address where the Credentials will be mailed.

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

Block D. Date. The date you signed the form.

TYPE OR PRINT ALL ENTRIES IN INK

FAA Form 8000-44 (2-00) Supersedes Previous Edition

ATCS Proficiency Manager Designation Request Form

SECTION 1: APPLICANT INFORMATION

A. Name (Last, First, MI, Suffix)	B. SSN (last 6)	C. Birth Month	D. AOV Credential #

E. FAA e-mail	F. Service Area	G. District	H. Home Facility ID

I. Address

City, State, Zip Code	J. Phone (work)

K. Name of PM being replaced

L. Reason for Replacement

SECTION 2: FACILITY IDENTIFICATION. List the facilities within your area of responsibility for which you will be performing Proficiency Manager functions as per FAA Order 8000.90.

A. Facility ID	B. MAILING ADDRESS

Applicant's Certification -- 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 roles and responsibilities as Proficiency Manager.

C. Signature	D. Date

SECTION 3: COMMENTS

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.

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