



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

## **FAA Form 8710-11, Airman Certificate and/or Rating Application Supplemental Information and Instructions**

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### **Privacy Act**

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The information on the accompanying form is solicited under authority of Title 14 of the code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN) which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act System of records DOT/FAA 847, Aviation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT.FAA 847. Those routine users are: (a) To provide basic airman certification and qualification information to the public upon request. (b) To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airman apprehension of drug-law violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Submission of your Social Security Number is voluntary. Disclosure of your SSN will facilitate maintenance of your records which are maintained in alphabetical order and cross references with your SSN and airman certificate number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

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



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## Airman Certificate and/or Rating Application – Sport Pilot

I. Application Information

Student     Sport     Private     Proficiency Check     Additional Rating  
 Airplane     Gyroplane     Balloon     Airship     Glider     Powered Parachute     Weight Shift Control  
 Flight Instructor    \_\_\_\_\_ Initial    \_\_\_\_\_ Renewal    \_\_\_\_\_ Reinstatement  
 Reexamination     Reissuance of \_\_\_\_\_ certificate     Other \_\_\_\_\_

A. Name (Last, First, Middle)	B. SSN (US only)	C. Date of Birth	D. Place of Birth
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E. Address	F. Citizenship (Citizenship) Specify <input type="checkbox"/> USA <input type="checkbox"/> Other	G. Do you read, speak, write & understand the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No
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City, State, Zip Code	H. Height In.	I. Weight lbs.	J. Hair	K. Eyes	L. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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M. Do you now hold, or have you ever held an FAA Pilot Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	N. Grade Pilot Certificate	O. Certificate Number	P. Date Issued
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Q. Do you hold a Medical Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	R. Class of Certificate	S. Date Issued	T. Name of Examiner
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U. Do you hold a US Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	V. License Number	W. State of Issuance	X. Date Issued	Y. Expiration Date
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Za. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Zb. Date of Final Conviction
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If Certificate, Privilege or Rating Applied For on Basis of:

<input type="checkbox"/> A. Completion of Required Test	1. Aircraft to be used (if flight test required) 1) _____ 2) _____	2a. Total Time in this aircraft SIM/FTD 1) _____ 2) _____ SIM) FTD) hours	2b. Pilot in Command 1) _____ 2) _____ hours
<input type="checkbox"/> B. Graduate of Approved/Accepted Course	1. Name and Location of Training Agency or Training Center	1a. Certification Number	
	2. Curriculum From Which Graduated	3. Date	
<input type="checkbox"/> C. Holder of Foreign License Issued By	1. Country	2. Grade of License	3. Number
	4. Ratings		

III. Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotor-craft (Gyroplane Only)				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Gliders																
Lighter Than Air																
Weightshift Control																
Powered Parachute																

IV. Have you failed a test for this certificate, privilege or rating?     Yes     No

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 also read and understand the Privacy Act Statement that accompanies this form.

Signature of Applicant	Date
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<b>Instructor's Recommendation</b>			
I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature (Print name & Sign)	Certificate No.	Certificate Expires
<b>Air Agency's Recommendation</b>			
This applicant has successfully completed our _____ Course, and is recommended for certification, privilege or rating without further _____ test.			
Date	Agency Name and Number	Official's Signature	
		Title	
<b>Designated Examiner or Airman Certification Representative Report</b>			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy Attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate, privilege or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached)  <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) </div>			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for which tested	Type(s) of Aircraft Used 1)                      2)	Registration No(s) 1)                      2)	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.      Designation Expires
<b>Proficiency Check – Instructor's Record</b>			
<input type="checkbox"/> I have successfully reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J{61.321} for the proficiency check sought. <input type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in _____ and _____ light-sport aircraft. Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Expiration Date:
<b>Aviation Safety Inspector or Technician Report</b>			
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. <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for which tested	Type(s) of Aircraft Used 1)                      2)	Registration No(s) 1)                      2)	
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Foreign License <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Approved Course Graduate      Instructor Renewal Based on <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
<b>Attachments:</b>			
<input type="checkbox"/> Airman's Identification (ID)      ID: _____			
<input type="checkbox"/> Student Pilot Certificate (Copy)	Form of ID _____	Name: _____	
<input type="checkbox"/> Knowledge Test Report	Number _____	Date of Birth: _____	
<input type="checkbox"/> Temporary Airman Certificate	Expiration Date _____	Certificate Number: _____	
<input type="checkbox"/> Notice of Disapproval	Telephone Number _____	Email Address: _____	
<input type="checkbox"/> Superseded Airman Certificate			



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## Airman Certificate and/or Rating Application – Sport Pilot

### ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle)  
Social Security Number  
Certificate Number  
Date Issued

***Permanent Mailing Address:***

Street  
P.O. Box  
City, State, Zip Code

***Address the applicant requests the certificate to be sent:***

Street  
P.O. Box  
City, State, Zip Code

***Physical Description as entered:***

***Comments:***

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