



Form FAA 8610-2, Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)

Supplemental Information

The supplemental information for this form includes the following:

- Page i.....Paperwork Reduction Act Burden Statement
Page ii.....Privacy Act Statement
Page iii.....Pilot’s Bill of Rights Written Notification of Investigation
Page iv..... Instructions for Completing form FAA 8610-2
Page v.....Instructions for Completing form FAA 8610-2, continued.

Detach these supplemental information and instruction parts before submitting the attached form.

An electronic, fillable, printable version of form FAA 8610-2 is available at www.faa.gov.

When printing, print pages 7 through 8, if you choose to print only the form.

Printing double-sided is preferable. If the form is not printed in the double-sided format, complete the “Applicant Information” section on the top of page 2.

Integrated Airman Certification and Rating Application (IACRA) is a web-based certification/rating application that guides the user through the FAA's airman application process. IACRA helps ensure applicants meet regulatory and policy requirements through the use of extensive data validation. It also uses electronic signatures to protect the information's integrity, eliminates paper forms, and prints temporary certificates. IACRA can be accessed here: https://iacra.faa.gov.

- All applicants must establish an FAA Tracking Number (FTN) within the Integrated Airman Certification and Rating Application (IACRA) system before taking any FAA airman knowledge test.
The FTN is an 8-digit unique and permanent number assigned to each FAA certificate holder. This identification number will be printed on the applicant’s Airman Knowledge Test Report (AKTR) in replacement of the Applicant ID number.
To register for an FTN in IACRA, applicants will need to visit the IACRA website and follow the instructions provided.
If you have been issued an FAA airman certificate in the past, then you already have an FTN. To find your FTN, you must enter your certificate number during the IACRA registration process.

OMB Control Number: 2120-0022
Expiration Date: 12/31/2028

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0022. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

All responses to this collection of information are required to obtain or retain a benefit under 14 CFR part 65. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.



**Form FAA 8610-2, Airman Certificate and/or Rating Application –
Mechanic and Parachute Rigger (14 CFR Part 65)**

PRIVACY ACT STATEMENT

Privacy Act Statement (5 U.S.C. § 552a(e)(3)):

Authority: The information collected on form FAA 8610-2 – Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65) is in accordance with 49 U.S.C. §§ 106(g), 40113, 44702, 44703, 44709, 44710, 44711(a)(2) and 14 CFR Part 65.

Purpose: The form FAA 8610-2 collects information to identify and evaluate your qualifications and eligibility for the issuance of a mechanic certificate, parachute rigger certificate, and/or added rating.

Routine Uses: The information collected by form FAA 8610-2 is shared in accordance with the Privacy Act system of records notice (SORN) DOT/FAA 847 - Aviation Records on Individuals (89 75 FR 48956 - June 10, 2024).

Disclosure: Submission of this data is voluntary. However, an incomplete submission may result in a delay in a response and/or an inability to issue a certificate and/or rating.

Your signature on form FAA 8610-2 acknowledges that you received the Pilot's Bill of Rights Written Notification of Investigation at the time of your application.

PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION OF INVESTIGATION

The information you submit on the attached form FAA 8610-2, Airman Certificate and/or Rating Application-Mechanic and Parachute Rigger (14 CFR Part 65), 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 (U.S.C.) 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 Pilot's Bill of Rights, 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 the date this application was made is available to you upon your written request addressed to:

Federal Aviation Administration
Airman Certification Branch
P.O. Box 25082
Oklahoma City, OK 73125-0082

If you make a written request for your airman application file, please include form AC 8060-68 (located at www.faa.gov/forms) or provide the following information in your request:

- Full legal name
- Date of birth or airman certificate number
- Date of the application

Form FAA 8610-2, Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)

Instructions for Completing Form FAA 8610-2

GENERAL INFORMATION

- An electronic, fillable, printable version of Form FAA 8610-2 is available at www.faa.gov.
- Make all entries using permanent dark blue or black ink, or a typewriter or printer.
- Complete two (2) originals of Form FAA 8610-2 when submitting a printed application.
- Unless otherwise specified, enter all dates using eight-digit numeric characters, MM/DD/YYYY (e.g., 03/29/2019).
- Read all supplemental information provided with this form, including the Paperwork Reduction Act Burden statement, the Privacy Act statement, the Pilot’s Bill of Rights Written Notification of Investigation, and the Instructions for Completing Form FAA 8610-2. Remove and retain the supplemental information before submitting the application.
- To submit your application form, locate/contact an FAA Flight Standards office listed here: https://www.faa.gov/about/office_org/field_offices/fsdo/ or here: https://www.faa.gov/about/office_org/field_offices/ifo
IMPORTANT NOTE: The applicant’s signature on Form FAA 8610-2 confirms the applicant has received the Privacy Act statement and the Pilot’s Bill of Rights Written Notification of Investigation at the time the application was made.

All applications must have the application **TOP Section, Section I. APPLICANT INFORMATION**, and **Section IV. APPLICANT’S CERTIFICATION** completed. See the instructions below to determine the additional sections/blocks to be completed, depending on the certificate requested and the basis for certification.

TOP Section

Original Issuance, Added Rating, Other. Mark the appropriate box to indicate the reason the application is being made.

Mark the “Added Rating” box only if you already hold an FAA mechanic or parachute rigger certificate and are requesting to add a rating to that certificate.

Mark “Other” if you are requesting a change of name, sex, citizenship, nationality, or date of birth, as shown on your FAA certificate, and enter the type of change requested in the space provided.

Certificate Type and Ratings. Mark the appropriate box for the certificate type and the rating(s) being applied for.

Apply for only one certificate type per application. Line through (cross out) ratings not applied for unless you currently hold that rating.

I. APPLICANT INFORMATION

A. Name. Enter your full legal name. Use commas to separate names (i.e., Last, First, Middle).

If your full legal name is more than 47 characters, including the suffix and spaces, use no more than one middle name for record purposes.

Do not change your name on subsequent applications unless it is done in accordance with 14 CFR § 65.16.

If you have a middle initial only, enter the initial. If you do not have a middle name or middle initial, enter “NMN” (no middle name).

Indicate if you are a Jr., II, or III, etc.

B. Date of Birth. Enter your date of birth in the MM/DD/YYYY format.

C. Place of Birth. If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state.

If you were born outside the USA, enter the name of the city and country, or province and country, of where you were born.

D. Height. Enter your height in inches. Example: 5’8” is entered as 68 in. Enter whole inches only, no fractions.

E. Weight. Enter your weight in pounds. Enter whole pounds only, no fractions.

F. Hair Color. Spell out the color of your hair. Choose from the following: bald, black, blond, brown, gray, red, or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

G. Eye Color. Spell out the color of your eyes. Choose from the following: black, blue, brown, gray, green, or hazel.

H. Sex. Mark a box indicating your biological classification at birth, either Male or Female.

I. Citizenship/Nationality. Mark the box for USA if you are a U.S. citizen or a legally naturalized U.S. citizen. Otherwise, mark “Other” and enter the country where you are a legal citizen.

Only show one citizenship reference in Block I. Annotate dual citizenship countries in the REMARKS section. To claim dual citizenship, you must present appropriate citizenship documentation for each country upon application.

J1. Physical Location/Address. This block cannot be left blank. Enter your complete residential address, including street number, city, state, and ZIP code. If you have a foreign address, the country must be stated.

If a residential address does not exist, such as addresses using General Delivery, a Rural Route or Star Route, or when the applicant resides on a boat, in a recreational vehicle, or otherwise uses a P.O. Box, or personal mailbox, include (either as an attachment, or in the REMARKS section):

- A map or written directions to your physical address, 911 address, or Global Positioning System (GPS) coordinates;
- The boat/vessel registration number, if living on a boat, or
- The vehicle license plate number, vehicle identification number (VIN), if living in a recreational vehicle.

Mark the box for attached directions, if applicable. A map or written directions are not required for Army Post Office (APO)/ Fleet Post Office (FPO)/Diplomatic Post Office (DPO) type addresses.

J2. Mailing Address. Enter your mailing address, if different from block J1. This address will be printed on the airman certificate.

You may leave the block blank if the “Same as J1” box is marked. A post office box, rural route, personal mailbox, commercial, or other mail drop can be used as your preferred mailing address.

To have your airman certificate mailed to an address other than what is listed in blocks J1 or J2, provide mailing instructions on a separate attachment or in the REMARKS section of the form.

K. Other FAA Airman Certificate? Answer the question by marking yes or no. If yes, state the certificate type and number. Certificate types include: pilot, mechanic, repairman, etc.

L. Have you ever had a certificate suspended or revoked? Answer the question by marking yes or no. Refer to § 65.11(c) and (d).

M. Do you read, write, speak, and understand the English language? Answer the question by marking yes or no. Refer to § 65.71 or § 65.113(a)(2).

N. Drugs or substance conviction? Answer the question by marking yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of the final conviction. Refer to § 65.12 and § 91.19(a).

Instructions for Completing Form FAA 8610-2, continued

II. APPLICATION BASIS

A. Mechanic - Civil Experience. Mark this box when applying for a Mechanic certificate based on civil experience in accordance with § 65.77. If you gained practical experience in both civil activity and military activity, mark both A and B. Enter your experience in Section III.

B. Mechanic - Military Experience. Mark this box when applying for a Mechanic certificate based on military experience. Enter your experience in Section III. All military applicants must complete blocks B1 - B3. Only JSAMTCC applicants complete blocks B4 - B6.

B1. Military Service. If you gained all or part of the required experience in the military, enter the branch of service in which you gained your experience.

B2. Military Rank or Grade. If you gained all or part of the required experience in the military, enter the highest rank or pay level you obtained.

B3. Military Specialty Code(s). If you gained all or part of the required experience in the military, enter the military specialty code(s) (or equivalent) for the applicable branch of service) in which your experience was gained.

B4. JSAMTCC Curriculum Completion. If you completed the JSAMTCC program, mark the box of the corresponding JSAMTCC curriculum that was completed.

B5. Completion Date. Enter the date you completed the JSAMTCC program, as shown on the JSAMTCC Certificate of Eligibility.

B6. JSAMTCC Certificate Control No. Enter the certificate control number as shown on the JSAMTCC Certificate of Eligibility.

C. Mechanic – AMTS Training Course. Mark this box when applying for a Mechanic certificate based on training from a 14 CFR part 147 Aviation Maintenance Technician School (AMTS), including § 65.80 applicants.

Complete blocks C1 through C9 as applicable:

C1. Select Basis. Mark the appropriate box to indicate the basis of application, either graduation or meeting § 65.80 requirements.

C2. AMTS Certificate Number. Enter the FAA certificate number of the AMTS.

C3. AMTS Name. Enter the name of the AMTS.

C4. AMTS Location. Enter the location (city and state) of the AMTS.

C5. Curriculum. Mark the appropriate box for the curriculum you completed/ graduated, as shown on the graduation/completion certificate.

For § 65.80 applicants, mark the box for the curriculum you are enrolled in.

Note: Only mark "Airframe and Powerplant" if you have a single certificate showing graduation/completion of a combined airframe and powerplant curriculum. If applying for both ratings, but have graduated from separate curriculums and have separate completion certificates, mark both the airframe and the powerplant box.

C6. Graduation Date. Enter the date of AMTS graduation as shown on the graduation/completion certificate. Enter dates using the MM/DD/YYYY format. If applying for both ratings, but have graduated from separate curriculums with separate completion certificates, enter the additional graduation/completion date in the REMARKS section on page 2.

For § 65.80 applicants, enter the date you will graduate.

C7. § 65.80 – Student Progress. An authorized AMTS official marks this block to indicate that the student meets the requirements to test under § 65.80.

C8. School Officials Signature. The authorizing AMTS official must enter their signature above or beside their typed or printed name to indicate the AMTS affirms the student meets AMTS requirements for testing under § 65.80.

C9. Date. The authorizing AMTS official must enter the date they sign block C8.

D. Parachute Rigger. Mark this box when applying for a Parachute Rigger certificate. For Master Parachute Rigger applicants only, document your 3 years of experience as a parachute rigger in Section III.

D1. Number of Parachutes Packed. Indicate the number of parachutes packed of each type. You must present evidence of the number and type of parachutes packed, at the time the application is submitted.

D2. Packed as a. Master parachute rigger applicants must mark the appropriate box(es) to indicate if any of the parachutes were packed as a senior rigger and/or military rigger.

III. RECORD OF EXPERIENCE

Columns 1 through 4. Enter your work experience related to the certificate and rating being applied for.

This section must be completed by civil or military Mechanic applicants and Master Parachute Rigger applicants.

Continue additional information on a separate sheet if necessary. Mark the box if you have attached a separate sheet showing additional experience.

Note: Applicants should provide dates of experience in the eight-digit (MM/DD/YYYY) numeric format if necessary to count the days to ensure eligibility, based on the specific time requirements for the requested certificate. Dates can be handwritten in columns 1 and 2, or noted in the REMARKS section.

1. Date From. Enter your employment start date in a six-digit (MM/YYYY) numeric character format.

2. Date To. Enter your employment end date in a six-digit (MM/YYYY) numeric character format.

3. Employer and Location. Enter the name of your employer and the city and state of your employment.

4. Type of Work Performed. Enter the type of work performed with the employer, related to the certificate and rating requested. Job titles are not a description of the type of work performed.

IV. APPLICANTS CERTIFICATION (page 1). Complete this section at the time you make application.

Applicants Signature and Date. Sign your name to show you have read and understand the certification statement. Enter the date you signed the form, using the MM/DD/YYYY format.

V. FAA ENDORSEMENT. This section is for FAA Use Only.

Note: FAA endorsement for testing is required for applicants applying based on civil or military experience or § 65.80. An AMTS or JSAMTCC graduate does not need FAA endorsement to test.

PAGE 2

APPLICANT INFORMATION. When the application is printed on 2 separate pages (i.e. not printed double-sided), enter your name and date of birth. If requesting an added rating, enter your certificate number. Leave the certificate number blank if this is an application for original issuance.

Note: This ensures page 2 of the application is placed with the correct applicant on page 1 if the pages become separated.

REMARKS You may annotate attachments, dual citizenship, mailing, or other information related to the application, in this block.

This block is also used by the FAA for annotating additional information regarding the application.

APPLICANT'S CERTIFICATION (Page 2). Only complete this section at the time of issuance of a temporary certificate.

A. Certificate suspended or revoked? Answer the question by marking yes or no. Refer to § 65.11(c) and (d).

B. Drug or Substance Conviction? Answer the questions by marking yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

Applicant Signature and Date. Sign your name to show you have read and understand the certification statement. Enter the date you sign the application, using the MM/DD/YYYY format.

ATTACHMENTS. Mark appropriate box(s) indicating attachments to the application. Select "Other" when attachments are not listed in this block, and annotate the attachment(s) in the REMARKS section.

APPLICANT IDENTIFICATION (ID). This is completed by the person verifying the applicant's identity at the time of application, testing, or certificate issuance. Changes or corrections to this information can be annotated in the REMARKS section.

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TYPE OR PRINT ALL ENTRIES IN DARK INK



Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger

(14 CFR Part 65)

<input type="checkbox"/> ORIGINAL ISSUANCE	<input type="checkbox"/> MECHANIC	<input type="checkbox"/> PARACHUTE RIGGER
<input type="checkbox"/> ADDED RATING	<input type="checkbox"/> Airframe	<input type="checkbox"/> SENIOR <input type="checkbox"/> Seat <input type="checkbox"/> Chest
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> Powerplant	<input type="checkbox"/> MASTER <input type="checkbox"/> Back <input type="checkbox"/> Lap

I. APPLICANT INFORMATION

A. Name (Last, First, Middle)		B. Date of Birth (MM/DD/YYYY)		C. Place of Birth (City and State) or (City and Country)	
D. Height (Inches)	E. Weight (Pounds)	F. Hair Color (spell out)	G. Eye Color (Spell out)	H. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Citizenship / Nationality <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached.		J2. Mailing Address (Will show on certificate) <input type="checkbox"/> Same as J1.		K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____	
				L. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes	
				M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input type="checkbox"/> Yes	
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? <i>Refer to § 65.12 and § 91.19(a)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY) _____					

II. APPLICANT INFORMATION Complete Section III, Record of Experience, when application basis is A, B or D (Master Rigger only) below.

<input type="checkbox"/> A. MECHANIC – CIVIL EXPERIENCE			
<input type="checkbox"/> B. MECHANIC – MILITARY EXPERIENCE	B1. Military Service: (Branch)	B2. Military Rank/Grade:	B3. Military Specialty Code(s):
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		B5. Completion Date (MM/DD/YYYY)	B6. JSAMTCC Certificate Control No.
<input type="checkbox"/> C. MECHANIC – AMTS TRAINING COURSE C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT			
C2. AMTS Certificate Number	C3. AMTS Name	C4. AMTS Location (City, State)	
C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant			C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.	C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)		C9. Date (MM/DD/YYYY)
<input type="checkbox"/> D. PARACHUTE RIGGER	D1. Number of Parachutes Packed Seat _____ Chest _____ Back _____ Lap _____	D2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger	

III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. Mark this box if separate sheet attached for additional experience.

1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)

IV. APPLICANT'S CERTIFICATION This section is completed by the applicant at the time the application is made.

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 received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.

Applicant's Signature	Date (MM/DD/YYYY)
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V. FAA ENDORSEMENT: *I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.*

<input type="checkbox"/> § 65.77 – Mechanic test authorization based on experience.	<input type="checkbox"/> § 65.80 – Special authorization to take Mechanic's oral/practical test (AMTS student applicants only)	Date § 65.80 Test Auth. Expires (Must be prior to date in block C6) (MM/DD/YYYY)
FAA Signature (Print Name and Sign)		Date (MM/DD/YYYY)
		FAA Office/Designation No.

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application):	Date of Birth (MM/DD/YYYY):	Certificate Number (if any):
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RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic			
I. GENERAL If the test is failed, enter the ACS codes missed in the blocks provided.			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
ACS Code			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
ACS Code			
II. AIRFRAME If the test is failed, enter the ACS codes missed in the blocks provided.			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
ACS Code			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
ACS Code			
III. POWERPLANT If the test is failed, enter the ACS codes missed in the blocks provided.			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
ACS Code			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
ACS Code			

Parachute Rigger			
TYPE	SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
	BACK	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
	CHEST	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
	LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
PARACHUTE SEAL SYMBOL ASSIGNED:			

REMARKS

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature	Date (MM/DD/YYYY)

FAA EXAMINER'S REPORT

I have <u>tested this applicant</u> in accordance with pertinent procedures and standards and I have indicated the result as:		
<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED <input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.
I have <u>examined this applicant's papers</u> and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued)		
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.

ATTACHMENTS

<input type="checkbox"/> Knowledge Test Report(s)	<input type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <u>see Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID	State or Country
ID Number	Expiration Date
Telephone	Email

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
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