

INFORMATION FOR APPLICANT

STATEMENT OF QUALIFICATIONS (DAR - DMIR - DER)

Privacy Act Statement

This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a. The authority for collecting this information on FAA Form 8110-14, Statement of Qualifications (DAR – DMIR – DER) in 49 U.S.C. § 44103 as implemented by 14 CFR Part 21. The purpose of this information is to evaluate an applicant's application and establish the qualifications as a designee. Submission of the data is mandatory except for your Social Security Number which is voluntary. Incomplete submission may result in delay or denial of your request. The data will be used to determine your eligibility for the designation sought, and will become part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and is subject to the following routine uses as published in the Federal Register: (1) To provide the public with the names and addresses of certain categories of representatives who may provide service to them; and (2) DOT's Prefatory Statement of General Routine Uses (available at https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notices).

The submission of your social security number is voluntary. If provided, it will be used for record-keeping purposes, to help prevent your records from being confused with another person of the same name.

Paperwork Reduction Act 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 2120-0033. Public reporting for this collection of information is estimated to be approximately 30 minutes to 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are mandatory per 14 CFR Part 183. 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

Tear off this cover sheet before submitting this form.

FAA Form 8110-14, Statement of Qualifications

Organizations complete only the applicable blocks and attach separate resumes with the names, signatures, titles, and qualifications of those persons who would actually perform the authorized functions.

STATEMENT OF QUALIFICATIONS										OMB Control Number 2120-0033 Expiration Date 07/31/2020		
US Department of Transportation (DAR-DMIR-DER)										3. U.S. CITIZEN		
Federal Aviation Administration												
INSTRUCTIONS: Print or type all entries except signatures									Ye	Yes No		
1. NAME (Last, first, middle) OR ORGANIZATION												
2. BUSINESS OR COMPANY ADDRESS (Number, street, city, state, and ZIP code)									4. DATE	OF BIRTH		
5. BUSINESS PHONE NUMBER 6. BU				6. BUS	SINESS FAX NUMBER 7. EMAI				3			
8. DESIGNATION SOUGHT												
Designated Engineering			Structural Engineering					Engine Engineering				
Representative (DER)			D Powe	erplant Eng	gineering	[Propelle	er Engineering	g			
Company			Syste	ems and E	quipment Engineerir	quipment Engineering			nalyst			
Consul		Acoustical Engineering] Flight T	est Pilot				
Manufacturing Function(s)					Note:				te application must be submitted for each			
Designated Airworthiness Representative (DAR)												
Designated Manufacturing Inspection Represent					ive (DMIR) discipline, i.				i.e., Manufact	.e., Manufacturing or Engineering.		
Applicants shall identify specific function(s) for which appointment is sought:												
9. EXPERIENCE RESUME FOR NUMBER OF YEARS, AS APPROPRIATE, PERTINENT TO DESIGNATION SOUGHT. (Use additional sheets if necessary)												
Dates												
From		Employer's Name					Position Title and Duties					
From To Empl												
10. EDUCATION AND TRAINING HIGH SCHOOL LEVEL AND ABOVE PERTINENT TO DESIGNATION SOUGHT.												
Dat												
From	То	Name of Scho			ol Cur		riculum or Study Program		rogram	Degrees Received		
11. FAA CE	RTIFICATES I	NOW HELD	PERTINE	NT TO DE	SIGNATION SOUG	HT.						
Туре			ertificate	No.	Rating		Date		Date Each Ra	e Each Rating Issued		
12. EMPLOYER'S RECOMMENDATION:												
I recommend the person identified above be appointed as:												
									Designated Airworthiness epresentative			
Date			Busines	S Signature								
13. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED IF DIFFERENT THAN BLOCK 2.												
Address					Telephone Number					EMAIL Address (Optional)		
14. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that I am familiar with the Federal Aviation												
Regulations pertinent to the designation sought.												
Date Signature												