

# NATIONAL EXAMINER BOARD DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

**PRIVACY ACT STATEMENT:** This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 6.1. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see [www.dot.gov/privacy/privacyactnotices](http://www.dot.gov/privacy/privacyactnotices)), including:

- (a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:
  - The type of certificates and ratings held, limitations, date of issuance and certificate number;
  - The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- (b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- (d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- (e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.
- (f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- (g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- (g) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- (h) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- (i) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing, and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.
- (j) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- (k) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- (l) Making airman, aircraft, and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events. Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

**NATIONAL EXAMINER BOARD—DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION**

Supplemental Information and Instructions (Continued)

**TYPES OF DESIGNATIONS AND DESIGNEE DEFINITIONS—**

- PE** - Private Pilot Examiner
- CIRE** - Commercial and Instrument Rating Pilot Examiner
- CE** - Commercial Pilot Examiner (For rotorcraft, gliders, and/or lighter-than-air aircraft only.)
- ATPE** - Airline Transport Pilot Examiner

**GENERAL QUALIFICATIONS—**

- The applicant must hold all pertinent category, class, and type ratings for each aircraft for which designation is sought.
- For a designation requiring a medical certificate, the applicant must hold a valid third-class airman medical certificate for initial designation. (A medical certificate is NOT required for designations limited to examining in balloons and gliders.)
- The applicant must be at least 21 years old.
- The applicant must have a good record as a pilot and flight instructor with regard to accidents, incidents, and violations.
- The applicant must meet all eligibility and experience requirements for the specific designation sought in accordance with the tables beginning on page iv for PE, CE, CIRE, ATPE requirements, the appropriate FAA order, handbooks, and pertinent, current Flight Standards Handbook Bulletin for General Aviation.
- The applicant must have a reputation for integrity and dependability in the industry and the community.
- The applicant must have a history of a harmonious relationship with the FAA.

**INSTRUCTIONS FOR COMPLETING FAA FORM 8710-10—**

1. All entries on FAA Form 8710-10 must be made in black ink or typewritten.
2. Read the attached "Privacy Act Statement."
3. Complete blocks 1 through 33:
  - a. **Block 1.** Name (Last, First, Middle)—
    - (1) Enter your legal name. For record purposes, do not use more than one middle name.
    - (2) If you do not have a middle name, enter "NMN" (no middle name) or "NMI" (no middle initial).
    - (3) If you have initial(s) only, enter the initials and then enter "INITIALS ONLY."
    - (4) If you are a junior, III, IV, etc., so indicate.
  - b. **Block 2.** Social Security Number—
    - (1) Completing Block 2 is optional (see "Privacy Act Statement").
    - (2) Enter your Social Security Number or one of the following: "DO NOT USE" or "NONE."
  - c. **Block 2A.** Date of Birth—Enter date using eight-digit, numeric characters (e.g., 08/09/1960 not August 9, 1960).
  - d. **Block 3.** Permanent Mailing Address—Enter all required information, to include number and street, P.O. Box, City, State, and Zip Code.
  - e. **Block 4.** Telephone Number—Enter your home and business telephone numbers including the area code and extensions, if applicable. You may also enter your Fax number, if applicable.
  - f. **Block 5.** This application is for:—Initial Application for NEB, Renewal Application for NEB, or Reinstatement (other than initial designating FSDO) for NEB. Check the box to the left of the reason for this application. **NOTE: Reinstatements are NOT to be sent to the NEB unless the applicant has moved to a different district.**
  - g. **Block 6.** Have you ever held an FAA pilot examiner designation in any region?—(If "YES," enter the date(s) and the supervising FSDO.)
  - h. **Block 7.** Type of designation(s) sought:—Check the box to the left of the designation(s) sought. Private Pilot Examiner (PE), Commercial Pilot Examiner (CE), Airline Transport Pilot Examiner (ATPE), and Commercial Instrument Rating Examiner (CIRE). (See the **SPECIFIC ELIGIBILITY REQUIREMENTS** criteria shown on pages iv and v.)
  - i. **Block 8.** Enter the categories, classes, and types of aircraft for which authorization is sought.—Self-explanatory.
  - j. **Block 9.** Enter the FSDO that has jurisdiction in the area where you desire to serve.—Self-explanatory.
  - k. **Block 10.** Enter the names of other FSDO's in whose areas you can provide examiner service on a regular basis, if any.—Self-explanatory.
  - l. **Block 11.** Has any certificate or rating issued to you ever been revoked?—(If "YES," describe the circumstances.)
  - m. **Block 12.** Have you had any aircraft accidents or incidents within the past 5 years?—(If "YES," describe the circumstances.)
  - n. **Block 13.** Are you a U.S. citizen?—(You must enter "YES" or "NO.") **NOTE:** You are not required to be a U.S. citizen in order to be a designated examiner.
  - o. **Block 14.** If you are NOT a U.S. citizen, enter the country in which you hold citizenship. If you hold dual citizenship, indicate the names of both countries.—Self-explanatory.
  - p. **Block 15.** Do you read, write, speak, and understand English fluently?—Self-explanatory.
  - q. **Block 16.** FAA certificates held—Enter all certificates held, their certificate numbers, and their ratings and limitations as shown on the certificate. **NOTE: You must provide copies (front and back) of all certificates.**
  - r. **Block 17.** Enter all of your special training which is pertinent to the designation sought.—Self-explanatory.
  - s. **Block 18A.** Have you ever served as a chief or assistant chief instructor in a school authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 141?—(If "YES," enter the date(s).)
  - t. **Block 18B.** Have you ever served as a check airman authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 121 and/or part 135?—(If "YES," enter the date(s) and the FSDO.)

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## Supplemental Information and Instructions (Continued)

- u. **Block 18C.** Have you ever been an FAA Aviation Safety Inspector?—(If "YES," enter the date(s) and the FSDO.)
- v. **Block 19.** Have you ever been a military pilot evaluator?—(If "YES," enter the date(s).)
- w. **Block 20.** Have you ever been an FAA Accident Prevention Counselor or FAA Aviation Safety Counselor?—(If "YES," enter the date(s) and the FSDO.)
- x. **Block 21.** Flight Experience—Enter all your actual flight time (in hours), as requested. Do not round off or approximate your hours (i.e.,  $\pm$ ). Do not write in the shaded areas. Answer Blocks 21A through 21I, if applicable. **NOTE:** Total flight instruction given and/or instrument flight instruction given. (See the **SPECIFIC ELIGIBILITY REQUIREMENTS** criteria shown on pages iv and v.)
- y. **Block 22.** Work Experience—Describe your current or most recent work experience in Block 22A and work backwards. Use a separate block for each position described (e.g., Block 22A, Block 22B, etc.). Describe all of your work experience in **specific detail** that pertains to your qualifications for the designation(s) sought. Describe each applicable position you held during **at least** the past 5 years. You may describe work experience accrued more than 5 years ago. Include military service if your military experience is pertinent to your application for an examiner designation.
  - (1) Complete the name, address, and telephone number of the employer/organization.
  - (2) Job Title: Self-explanatory.
  - (3) Dates Employed: Enter the dates of employment.
  - (4) Supervisor's Name: Self-explanatory.
  - (5) Reason for Leaving: Self-explanatory.
  - (6) Description of Duties: Enter a complete description of the duties performed during this period of employment.
- z. **Block 23.** Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot examiner.—Self-explanatory.
- aa. **Block 24.** During the past 5 years, were you fired from any job for any reason?—**NOTE:** If you answer "YES," you **MUST** enter the full details in Block 31.
- bb. **Block 25.** Have you ever been convicted of any felony violation?—**NOTE:** If you answer "YES," you **MUST** enter the full details in Block 31.
- cc. **Block 26.** Are you now under charges for any violation of law?—**NOTE:** If you answer "YES," you **MUST** enter the full details in Block 31.
- dd. **Block 27.** Have you ever been imprisoned, been on probation, or been on parole?—**NOTE:** If you answer "YES," you **MUST** enter the full details in Block 31.
- ee. **Block 28.** Have you ever been convicted by a military court-martial?—**NOTE:** If you answer "YES," you **MUST** enter the full details in Block 31.
- ff. **Block 29.** Have you ever been discharged from a military service under a General discharge?—**NOTE:** If you answer "YES," you **MUST** enter the full details in Block 31.
- gg. **Block 30.** Have you ever been discharged from a military service under other than honorable conditions?—**NOTE:** If you answer "YES," you **MUST** enter the full details in Block 31.
- hh. **Block 31.** If you answered "YES" to any questions in Blocks 24 through 30, you **MUST** enter the full details.
- ii. **Block 32.** Education and Training—Are you a high school graduate? (If "YES," enter the name of the high school and the date you graduated.) Are you a GED graduate? (If "YES," enter the date you received the GED.)
  - (1) College and/or Technical Training Dates: Enter the beginning and ending dates of the training that you attended.
  - (2) Name of School: Enter the name of the school(s) you attended.
  - (3) Curriculum or Study Program: Enter the curriculum or study program for each school(s) listed.
  - (4) Degree or Certificate Received: Enter degrees or certificates you received from each school(s) listed.
- jj. **Block 33.** Applicant's Signature—After you read the **"RELEASE OF INFORMATION AND CERTIFICATION STATEMENT"** and the **"NOTICE,"** sign the application, in black ink. After you sign your name, print or type your name under your signature. Enter the date you signed the application using eight-digit, numeric characters (e.g., 08/09/1999 not August 9, 1999).

**NATIONAL EXAMINER BOARD—DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION**

## Supplemental Information and Instructions (Continued)

**LIST OF FLIGHT STANDARDS DISTRICT OFFICES**

<b>ALASKAN REGION (AAL)</b>		<b>GREAT LAKES REGION (AGL)</b>		<b>SOUTHERN REGION (ASO)</b>		<b>WESTERN PACIFIC REGION (AWP)</b>	
ANC FSDO-03	ANCHORAGE, AK	CLE FSDO-25	CLEVELAND, OH	ATL FSDO-11	COLLEGE PARK/ ATLANTA, GA	FAT FSDO-17	FRESNO, CA
FAI FSDO-01	FAIRBANKS, AK	CMH FSDO-07	COLUMBUS, OH			HNL FSDO-13	HONOLULU, HI
JNU FSDO-05	JUNEAU, AK	CVG FSDO-05	CINCINNATI, OH	BHM FSDO-09	BIRMINGHAM, AL	LAS FSDO-19	LAS VEGAS, NV
		DPA FSDO-03	WEST CHICAGO, IL	BNA FSDO-03	NASHVILLE, TN	LAX FSDO-23	LOS ANGELES, CA
				CAE FSDO-13	WEST COLUMBIA, SC	LGB FSDO-05	LONG BEACH, CA
				FLL FSDO-17	FT. LAUDERDALE, FL	OAK FSDO-27	OAKLAND, CA
				TPA-FSDO-35	TAMPA, FL	RAL FSDO-21	RIVERSIDE, CA
				INT FSDO-05	WINSTON-SALEM, NC	RNO FSDO-11	RENO, NV
				JAN FSDO-07	JACKSON, MS	SAC FSDO-25	SACRAMENTO, CA
				LOU FSDO-01	LOUISVILLE, KY	SAN FSDO-09	SAN DIEGO, CA
				MEM FSDO-25	MEMPHIS, TN	SDL FSDO-07	SCOTTSDALE, AZ
				MIA FSDO-19	MIAMI, FL	SJC FSDO-15	SAN JOSE, CA
				ORL FSDO-15	ORLANDO, FL	VNY FSDO-01	VAN NUYS, CA
				CLT FSDO-33	CHARLOTTE, NC	SFO FSDO-03	SAN FRANCISCO, CA
				SJU FSDO-21	SAN JUAN, PR		
				TPA FSDO	TAMPA, FL		
<b>CENTRAL REGION (ACE)</b>		<b>NEW ENGLAND REGION (ANE)</b>		<b>SOUTHWEST REGION (ASW)</b>		<b>INTERNATIONAL FIELD OFFICE LIST</b>	
DSM FSDO-01	DES MOINES, IA	BED FSDO-01	BEDFORD, MA	ABQ FSDO-01	ALBUQUERQUE, NM	FRA IFO-EA33	FRANKFURT
ICT FSDO-07	WICHITA, KS	BDL FSDO-03	WINDSOR LOCKS, CT	BTR FSDO-03	BATON ROUGE, LA	SIN IFO-WP33	SINGAPORE
LNK FSDO-09	LINCOLN, NE			DAL FSDO-05	DALLAS, TX	BRX IFO-EA31	BRUSSELS
MCI FSDO-05	KANSAS CITY, MO			DFW FSDO-07	DALLAS, TX	LGW IFO-EA35	LONDON
STL FSDO-03	ST. ANN/ ST. LOUIS, MO			FTW FSDO-19	FT. WORTH, TX	MIA IFO-SO23	MIAMI SPNGS, FL
				HOU FSDO-09	HOUSTON, TX	DFW IFO-SW23	DALLAS, TX
				LBB FSDO-13	LUBBOCK, TX		
				LIT FSDO-11	LITTLE ROCK, AR		
				OKC FSDO-15	OKLA. CITY, OK		
				SAT FSDO-17	SAN ANTONIO, TX		
<b>EASTERN REGION (AEA)</b>		<b>NORTHWEST MOUNTAIN REGION (ANM)</b>					
ABE FSDO-05	ALLENTOWN, PA	BOI FSDO-11	BOISE, ID				
FRG FSDO-11	FARMINGDALE, NY	CPR FSDO-04	CASPER, WY				
AGC FSDO-03	W. MIFFLIN/ PITTSBURGH, PA	DEN FSDO-03	DENVER, CO				
ALB FSDO-01	ALBANY, NY	GEG FSDO-13	SPOKANE, WA				
BAL FSDO-07	BALTIMORE, MD	HLN FSDO-05	HELENA, MT				
CRW FSDO-09	CHARLESTON, WV	PDX FSDO-09	HILLSBORO/ PORTLAND, OR				
DCA FSDO-27	CHANTILLY, VA WASH, DC						
HAR FSDO-13	NEW CUMBERLAND/ HARRISBURG, PA	SEA FSDO-01	SEATTLE, WA				
PHL FSDO-17	PHILADELPHIA, PA	SLC FSDO-07	SALT LAKE CITY, UT				
NYC FSDO-15	GARDEN CITY, NY	DEN FSDO-30	DENVER, CO				
PIT FSDO-19	CORAOPOLIS/ PITTSBURGH, PA						
RIC FSDO-21	SANDSTON/ RICHMOND, VA						
ROC FSDO-23	ROCHESTER, NY						
TEB FSDO-25	TETERBORO, NJ						
NY IFO-29	JAMAICA, NY						

**SPECIFIC ELIGIBILITY REQUIREMENTS FOR  
PRIVATE PILOT EXAMINER (PE) DESIGNEES**

<b>ELIGIBILITY REQUIREMENTS</b>	<b>AIRPLANE</b>	<b>ROTORCRAFT</b>	<b>GLIDERS</b>	<b>L-T-A AIRSHIPS</b>	<b>L-T-A BALLOON</b>
<b>CERTIFICATES REQUIRED</b>	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot	Commercial Pilot
<b>CERTIFICATE CATEGORIES</b>	Both with Airplane category	Both with Rotorcraft category	Both with Glider category	Lighter Than Air	Lighter Than Air
<b>RATINGS</b>	Both with appropriate airplane class rating(s) Instrument-Airplane on pilot certificate only	Helicopter or Gyroplane class rating(s), as appropriate		Airship class rating	Balloon class rating
<b>HOURS AS PIC</b>	2,000 • 1,000 in airplanes that include 300 in past year • 300 in airplane class • 100 at night	1,000 • 500 in rotorcraft that include at least 100 in past year • 250 in helicopters or 150 in gyroplanes, as appropriate	500 • 200 in gliders that include 10 hours in past year of at least 10 flights	1,000 • 500 in airships that include at least 200 in past year • 50 at night	200 • 100 in balloons that include 20 hours in past year of at least 10 flights each of at least 30 minutes duration
<b>HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)</b>	500 in airplanes • 100 in class	200 in helicopters or gyroplanes, as appropriate	100 in gliders	100 in airships	50 in balloons • 10 in past year

**NATIONAL EXAMINER BOARD—DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION**

Supplemental Information and Instructions (Continued)

**SPECIFIC ELIGIBILITY REQUIREMENTS FOR  
COMMERCIAL PILOT EXAMINER (CE) DESIGNEES**

<b>ELIGIBILITY REQUIREMENTS</b>	<b>AIRPLANE</b>	<b>ROTORCRAFT (VFR ONLY)</b>	<b>GLIDERS</b>	<b>L-T-A AIRSHIPS</b>	<b>L-T-A BALLOON</b>
CERTIFICATES REQUIRED		Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot	Commercial Pilot
CERTIFICATE CATEGORIES		Both with Rotorcraft category	Both with Glider category	Lighter-Than-Air	Lighter-Than-Air
RATINGS		Helicopter or Gyroplane class rating(s), as appropriate		Airship class rating	Balloon class rating
HOURS AS PIC		2,000 • 500 in rotorcraft that include at least 100 in past year • 250 in helicopters or 150 in gyroplanes, as appropriate. • If applicable, 100 in large helicopters that include 50 in the type helicopter sought, and 25 in each additional type sought	500 • 250 in gliders that include at least 20 hours in the past year of at least 50 flights	2,000 • 500 in airships that include at least 200 in past year • 50 at night	200 • 100 in balloons that include at least 20 hours in past year of at least 10 flights each of at least 30 minutes duration • Held a Commercial Pilot Certificate-Balloon for at least 1 year
HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)		200 in helicopters or gyroplanes, as appropriate. • 50 in helicopters or gyroplanes, as appropriate, preparing pilots for a Commercial Pilot Certificate	200 • 100 in gliders	100 in airships	50 in balloons • 10 in the past year

**SPECIFIC ELIGIBILITY REQUIREMENTS FOR  
COMMERCIAL AND INSTRUMENT RATING EXAMINER (CIRE) AND  
AIRLINE TRANSPORT PILOT EXAMINER (ATPE) DESIGNEES**

<b>TYPE OF CIRE DESIGNATION</b>			<b>TYPE OF ATPE DESIGNATION</b>	
<b>ELIGIBILITY REQUIREMENTS</b>	<b>AIRPLANE &amp; INSTRUMENT</b>	<b>HELICOPTER &amp; INSTRUMENT</b>	<b>AIRPLANE</b>	<b>HELICOPTER</b>
CERTIFICATES REQUIRED	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Airline Transport Pilot Flight Instructor	Airline Transport Pilot Flight Instructor
CERTIFICATE CATEGORIES	Both with Airplane category	Both with Rotorcraft category	Both with Airplane category	Both with Rotorcraft category
RATINGS	Both with appropriate airplane class ratings and Instrument-Airplane	Helicopter class rating; Instrument-Helicopter	Both with appropriate airplane class rating(s) and instrument privileges on ATP and Instrument-Airplane on CFI	Both with Helicopter rating and instrument privileges on ATP and Instrument-Helicopter on CFI
HOURS AS PIC	2,000 • 1,000 in airplanes that include 300 in airplanes in past year • 500 in class of airplane • 100 at night in airplanes • 200 in complex airplanes • 100 instrument flight (actual or simulated) • If applicable, 300 in large or turbine-power airplanes, that include 50 in type sought and 25 in each additional type sought	2,000 • 500 in helicopters that include 100 in helicopters in past year • 100 instrument flight (actual or simulated) • If applicable, 100 in large helicopters, that include 50 in type sought and 25 in each additional type sought	2,000 • 1,500 in airplanes, that include 300 in airplanes in past year • 500 in class airplane • 100 at night in airplanes • 200 complex airplanes • 100 instrument flight (actual or simulated) • If applicable, 300 in large or turbine-power airplanes, that include 50 in type sought and 25 in each additional type sought	2,000 • 1200 in helicopters, that include 100 in helicopters in past year • 100 instrument flight (actual or simulated) • If applicable, 100 in large helicopters, that include 50 in type sought and 25 in each additional type sought
HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)	500 in airplanes • 100 in class of airplane • 250 instrument flight instructor time, that includes 200 in airplanes	250 in helicopters • 50 instrument flight instruction in helicopters • 100 preparing pilots for Commercial Pilot-Helicopter	500 in airplanes • 100 in class of airplane • 250 instrument flight instructor time, that include 200 in airplanes • 150 preparing pilots for Commercial Pilot or ATP with airplane category or type rating or Instrument-Airplane rating	250 in helicopters • 50 of instrument flight instruction in helicopters • 100 in helicopters preparing pilots for Commercial Pilot Certificate or ATP Certificate with a Helicopter class or type rating or Instrument-Helicopter rating



1. Name (Last, First, Middle)—

1. Name (Last, First, Middle)—	2. Social Security Number—       -     -	2A. Date of Birth— 
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3. Permanent Mailing Address—	4. Telephone Numbers— Home Phone: (      )
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City:	State:	Zip Code:	Business Phone: (      )
			Fax Number: (      )

<p><b>5. This application is for:—</b></p> <p>Initial Application for NEB</p> <p>Renewal Application for NEB</p> <p>Reinstatement (other than initial designating FSDO) for NEB</p>	<p><b>6. Have you ever held an FAA pilot examiner designation in any region?—</b> (If "Yes," enter the date(s) and the supervising FSDO.)</p> <p>YES NO</p> <p>From (mo/yr): _____</p> <p>To (mo/yr): _____</p> <p>FSDO: _____</p>	<p><b>7. Type of designation(s) sought:—</b></p> <p>PE</p> <p>CE</p> <p>ATPE</p> <p>CIRE</p>
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<p><b>8.</b> Enter the categories, classes, and types of aircraft for which authorization is sought.—</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>9.</b> Enter the FSDO that has jurisdiction in the area where you desire to serve.—</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>10.</b> Enter the names of other FSDO's in whose areas you can provide examiner service on a regular basis, if any.—</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>11.</b> Has any certificate or rating issued to you ever been revoked?— (If "YES," describe the circumstances.)</p> <p>YES                  NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>12.</b> Have you had any aircraft accidents or incidents within the past 5 years?— (If "YES," describe the circumstances.)</p> <p>YES                  NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>13.</b> Are you a U.S. citizen?—</p> <p>YES                  NO</p>	<p><b>14.</b> If you are NOT a U.S. citizen, enter the country in which you hold citizenship. If you hold dual citizenship, indicate the names of both countries.—</p> <p>_____</p>	<p><b>15.</b> Do you read, write, speak, and understand English fluently?—</p> <p>YES                  NO</p>
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16. FAA certificates held—You <b>MUST</b> provide copies (front and back) of all certificates.		
Type of Certificate	Certificate Number	Ratings and Limitations (as shown on the certificate)

17. Enter all of your special training which is pertinent to the designation sought.—

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18A. Have you ever served as a chief or assistant chief instructor in a school authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 141?—  
(If "YES," enter the date(s).)

YES

NO

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

18B. Have you ever served as a check airman authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 121 and/or part 135?—  
(If "YES," enter the date(s) and the FSDO.)

YES

NO

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ FSDO: \_\_\_\_\_

18C. Have you ever been an FAA Aviation Safety Inspector?—(If "YES," enter the date(s) and the FSDO.)

YES

NO

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ FSDO: \_\_\_\_\_

19. Have you ever been a military pilot evaluator?—(If "YES," enter the date(s).)

YES

NO

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

20. Have you been an FAA Accident Prevention Counselor or FAA Aviation Safety Counselor?—(If "YES," enter the date(s) and the FSDO.)

YES

NO

From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ FSDO: \_\_\_\_\_

21. Flight Experience—Enter all your actual flight time (in hours), as requested. Do not round off or approximate your hours (i.e., ±). Do not write in the shaded areas. Answer Blocks 21A through 21I, if applicable. **NOTE: Total flight instruction given and/or instrument flight instruction given.** (See the **SPECIFIC ELIGIBILITY REQUIREMENTS** criteria shown on pages iv and v.)

Aircraft Class/ Experience	PIC Total	PIC Last 12 Mos.	Total (Non- Instrument) Flight Instruction Given (Civilian/ Military)	Instrument Flight Instruction Given	PIC Night	Instrument Flight (Actual/ Simulated)	Flight Instruction Given (Balloons Last 12 Mos.)
ASEL			/			/	
AMEL			/			/	
ASES			/			/	
AMES			/			/	
Helicopter			/			/	
Gyroplane							
Glider							
Airship							
Balloon							

21A. Enter turbine-powered large airplanes and or large helicopters.—

Aircraft Make and Model	PIC Total

21B. Enter number of glider flights as PIC within the past year.— \_\_\_\_\_

21C. Enter number of balloon flights as PIC that were at least 30 minutes duration within the past year.— \_\_\_\_\_

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<b>21D.</b> Enter number of hours as PIC in complex airplanes.— _____			
<b>21E.</b> Enter number of hours flight instruction given in rotorcraft preparing pilots for commercial pilot certificate.— _____			
<b>21F.</b> Enter date your commercial balloon certificate was acquired.— _____			
<b>21G.</b> Enter number of hours flight instruction given in airplanes preparing pilots for an ATP certificate, an instrument rating, or a type rating.— _____			
<b>21H.</b> Enter number of hours flight instruction given in helicopters preparing pilots for an ATP certificate, an instrument rating, or a type rating.— _____			
<b>21I.</b> Enter number of pilot and/or flight instructor certification practical tests completed within the past year (as FAA Aviation Safety Inspector).— _____			
<b>22.</b> Work Experience—Describe your current or most recent work experience in Block 22A and work backwards. Use a separate block for each position described (e.g., Block 22A, Block 22B, etc.). Describe all of your work experience in <b>specific detail</b> that pertains to your qualifications for the designation(s) sought. Describe each applicable position you held during <b>at least</b> the past 5 years. You may describe work experience accrued more than 5 years ago. Include military service if your military experience is pertinent to your application for an examiner designation.			
<b>22A.</b> Name of Employer/Organization:		Telephone Number (       )	
Address:			
City:		State:	Zip Code:
Job Title:	Dates Employed (mo/yr): From:                      To:		Supervisor's Name:
Reason for Leaving:			
Description of Duties:			
<b>22B.</b> Name of Employer/Organization:		Telephone Number (       )	
Address:			
City:		State:	Zip Code:
Job Title:	Dates Employed (mo/yr): From:                      To:		Supervisor's Name:
Reason for Leaving:			
Description of Duties:			
<b>22C.</b> Name of Employer/Organization:		Telephone Number (       )	
Address:			
City:		State:	Zip Code:

Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:
Reason for Leaving:		
Description of Duties:		
<b>22D.</b> Name of Employer/Organization:		Telephone Number ( )
Address:		
City:	State:	Zip Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:
Reason for Leaving:		
Description of Duties:		
<b>22E.</b> Name of Employer/Organization:		Telephone Number ( )
Address:		
City:	State:	Zip Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:
Reason for Leaving:		
Description of Duties:		
<b>22F.</b> Name of Employer/Organization:		Telephone Number ( )
Address:		
City:	State:	Zip Code:
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:
Reason for Leaving:		
Description of Duties:		

<b>23. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot examiner.—</b> <hr/> <hr/> <hr/> <hr/>				
<b>24. During the past 5 years, were you fired from any job for any reason?—</b>  YES                  NO	<b>25. Have you ever been convicted of any felony violation?—</b>  YES                  NO	<b>26. Are you now under charges for any violation of law?—</b>  YES                  NO	<b>27. Have you ever been imprisoned, been on probation, or been on parole?—</b>  YES                  NO	
<b>28. Have you ever been convicted by a military court-martial?—</b> YES                  NO	<b>29. Have you ever been discharged from a military service under a General discharge?—</b> YES                  NO	<b>30. Have you ever been discharged from a military service under other than honorable conditions?—</b> YES                  NO		
<b>31. If you answered "YES" to any questions in Blocks 24 through 30, you MUST enter the full details.</b> <hr/> <hr/> <hr/> <hr/>				
<b>32. Education and Training—</b> Are you a high school graduate?      YES                  NO      Name of High School: _____ Date Graduated (mo/yr): _____ Are you a GED graduate?              YES                  NO      Date received GED (mo/yr): _____				
College and/or Technical Training Dates: From (mo/yr):      To (mo/yr):		Name of School:	Curriculum or Study Program:	Degree or Certificate Received:

**RELEASE OF INFORMATION AND CERTIFICATION STATEMENT—**

**Read this statement CAREFULLY.**  
**After you read this statement, you MUST sign and date this application in black ink.**  
**Under your signature, you MUST print or type your name.**

- I understand that a false statement on any part of this application will be grounds for not approving this application, for rescinding my eligibility as an examiner candidate, for not designating me, or terminating any designation I may receive.
- I understand that any information given may be investigated.
- I consent to the release of information regarding my personal and technical qualifications for designation as a pilot examiner by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, employees of the Federal government, and persons not employed by the Federal government to whom the FAA has delegated the authority to screen and approve or disapprove pilot examiner applicants.
  
- I understand that assignment to the national examiner candidate pool does not guarantee selection or designation as a pilot examiner and that, if selected, designation is dependent on satisfactory completion of a practical test (demonstration of competency) and satisfactory completion of the Initial Pilot Examiner Standardization Seminar.
- I understand that my FAA accident/incident/violation history will be verified at each stage of the application process.
- I understand that designation as a pilot examiner is a privilege, not a right, and that any designation received may be terminated, revoked, or not renewed at any time for any reason the FAA Administrator deems appropriate.
- I certify that, to the best of my knowledge and belief, all of my statements on this application are true, correct, complete, and made in good faith.

**33. Applicant's Signature —(Sign application in black ink.)**

**—NOTICE—**Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

**Date signed—(Month, Day, Year)**

**(Print or type your name under your signature.)**

**FOR NATIONAL EXAMINER BOARD USE ONLY****(For Original Issuance Only)**

Accepted for Predesignation Testing      Not Qualified      Date: \_\_\_\_\_

Predesignation Test Score: \_\_\_\_\_      Date of Test: \_\_\_\_\_

Approved for Pool      Disapproved for Pool      Date: \_\_\_\_\_

Signature of NEB Official: \_\_\_\_\_ Title: \_\_\_\_\_

Referred to: \_\_\_\_\_ FSDO      Date: \_\_\_\_\_

Selected      Declined      Date: \_\_\_\_\_

**FOR FSDO USE ONLY:** FAA Form 8710-6 may be used for renewals, additional authorizations, and/or reinstatements.**Inspector's Recommendation:**      Approve      Disapprove

Reason for Disapproval (Attach additional sheets, if required.):

The individual submitting this application has satisfactorily demonstrated competency to perform the duties of the following designation(s):

PE	CE	CIRE	ATPE	FIE (Must have 1 year as CE/CIRE.)
<b>Aircraft Categories:</b>				
Airplane	Rotorcraft	Glider	Lighter-Than-Air	

**Additional Qualifications/Limitations** (if any):Inspector's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ FSDO: \_\_\_\_\_**Regional Office:**

Approve      Disapprove      Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Routing Symbol: \_\_\_\_\_

**FSDO:****Certificate of Authority Issued:**      Date: \_\_\_\_\_      FSDO: \_\_\_\_\_

Examiner Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**LOA(s) Issued:**

\_\_\_\_\_

Additional FSDO's to be served by the examiner (if any):