

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

OMB Control Number: 2120-0690 Expiration Date: 12/31/2025

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Privacy Act

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. A person holding a flight instructor certificate also submits this form to the Administrator with documentation to identify and evaluate establishment of recent experience (recency). 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 or the FAA not accepting your submission to validate a new flight instructor recency period. 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.

Your signature on this form (FAA Form 8710-11) acknowledges that you received the Pilot's Bill of Rights Written Notification of Investigation at the time of this application.

PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION OF INVESTIGATION

The information you submit on the attached FAA Form 8710-11, Airman Certificate and/ or Rating Application - Sport Pilot, will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman certificate and/or rating 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 and/or rating for which you are applying. You also submit FAA Form 8710-11 with documentation to the Administrator to identify and validate flight instructor recent experience (recency). 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 and/or rating, or flight instructor recency:

- 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 and/or rating you are applying, or flight instructor recency information you are submitting, as applicable, under Title 14, Code of Federal Regulations (CFR) part 61.
- 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 and/or rating, or flight instructor recency may be used as evidence against you.
- A copy of your airman application file for this date is available to you upon your written request addressed to:

Federal Aviation Administration Airmen Certification Branch, AFB-720 P.O. Box 25082 Oklahoma City, OK 73125-0082

(If you make a written request for your airman application file, please provide your full name, date of birth or airman certification number for identification purposes, and the date of application.)



U.S. Department of Transportation Federal Aviation Administration

CERTIFICATE AND/OR RATING APPLICATION – SPORT PILOT

INSTRUCTIONS FOR COMPLETING FAA FORM 8710-11

I. APPLICATION INFORMATION. Mark "X" in all appropriate blocks(s).

Please enter all dates in eight digits as MM/DD/YYYY.

Use numeric characters, (e.g., 01/01/2023)

Block A. Name. Enter full legal name (Last, First, Middle). If your full legal name is more than 50 characters, use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with 14 CFR part 61.25. If you do not have a middle name, enter "NMN." If you have a middle initial only, indicate "Initial only." Indicate if you are a Jr., II, or III.

Block B. Social Security Number. Enter either your 9-digit social security number, "Do Not Use" or "None" if you are not a U.S. citizen. If entering a social security number, only enter a 9-digit U.S. social security number (optional). See supplemental Privacy Act Information.

Block C. Date of Birth. Enter your date of birth in the following format: MM/DD/YYYY. Check for accuracy. Verify that DOB is the same as it is on the medical certificate.

Block D. 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 where you were born.

Block E. Residential Address. Enter your complete residential address. This must include street number, city, state, and zip code. If the applicant has a foreign address, the country must be stated. If a residential address does not exist, a map or written directions to the applicant's physical residence must be attached to the application. Verify that the numbers are not transposed.

Block F. Citizenship. Mark USA if you are a U.S. Citizen or legally naturalized U.S. Citizen. If you are not a U.S. citizen, mark "Other" and enter the country where you are a legal citizen. To claim Dual Citizenship the applicant must present appropriate documentation of citizenship for each country.

Block G. Do you read, speak, write and understand the English language? Mark yes or no. If you answered "No" and it is due to medical reasons, an operating limitation will be placed on the airman certificate.

Block H. Height. Enter your height in inches. Example: 5'8" would be entered as 68 in. No fractions, use whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions, use whole pounds.

Block J. 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.

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

Block L. Sex. Mark either Male or Female as appropriate.

Block M. Do You Hold or Have You Ever Held An FAA Pilot Certificate including revoked certificates? Mark yes or no. (NOTE: A student pilot certificate is a pilot certificate.) If. Yes, complete Blocks N, O and P.

Block N. Grade of Certificate. Enter the grade of the FAA pilot certificate you hold (i.e. Student, Recreational, Private, Commercial, or ATP). DO NOT enter flight instructor certificate information.

Block O. Certificate Number. Enter your current FAA certificate number as it appears on the pilot certificate.

Block P. Date Issued. Enter the date your pilot certificate was last issued.

Block Q. Do You Hold, or Have You Ever Held, a Medical Certificate? Mark applicable boxes. If yes, complete blocks R, S, and T.

Block R. Class of Medical Certificate. Enter the class as shown on the medical certificate, (i.e., First, Second, or Third Class). If your most recent medical certificate which was valid at some point after July 14th, 2006 has expired and you are operating under BasicMed, enter "BASICMED" in this field.

Block S. Date Issued. Enter the date your medical certificate was issued. If you are operating under BasicMed, leave blank.

Block T. Name of Medical Examiner. Enter the medical examiner's name as shown on your medical certificate. If you are operating under BasicMed, leave blank.

Block U. Driver's License. Indicate whether you hold a U.S. driver's license by marking yes or no. If you answer yes, complete boxes V, W, X and Y.

Block V. License number. Enter your complete driver's license number. Verify that the numbers are not transposed.

Block W. State of Issuance. Enter the name of the state that issued your driver's license.

Block X. Date Issued. Enter the date your driver's license was issued, using the following format: MM/DD/YYYY.

Block Y. Expiration Date. Enter the date on which your driver's license will expire, or has expired, using the following format: MM/DD/YYYY.

Block Za. Narcotics Drugs. Mark appropriate block. Only mark "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, mark "No." Do not include motor vehicle actions already reported in accordance with as defined in 14 CFR §61.15(c).

Block Zb. Date of Final Conviction. If block "Za" was marked "Yes" provide the date of final conviction.

II. Certificate, Privilege or Rating Applied For on Basis of: Block A. Completion of Required Test.

- Aircraft to be used. (If flight test required) Enter the make and model of each aircraft used or represented. If a flight simulation training device (FSTD) is used, indicate Level of Device(s).
- Total time in this aircraft and/or approved full flight simulator (FFS) or flight training device (FTD) (Hrs.) – (2a) Enter the total Flight Time (2b) Enter Pilot-In- Command (PIC) Flight Time.

Block B. Graduate of an Approved/Accepted Course.

- Enter the name and location of training center, school or agency. Indicate if this was a part 142 training center.
- 1a. Enter the certificate number of the training center, if applicable.
- 2. Curriculum From Which Graduated. Enter name of curriculum and level, category, and/or type rating, as applicable.
- 3. Date. Date of graduation from indicated course.

Note: Approved course graduate must also complete block A "Completion of Test or Activity," if the course is not part of an Air Agency or a part 142 Training Center.

Block C. Holder of Foreign License.

- 1. Country that Issued the Foreign Pilot License.
- 2. Grade Of Foreign Pilot License (i.e. private, commercial, etc).
- 3. Number. Number which appears on the foreign license.
- Ratings. Enter the FAA equivalent only ratings that appear on the foreign license. Indicate the ratings as they will appear on the FAA Certificate (i.e. ASEL, AMEL, ROTORCRAFT HELICOPTER, CE-500, etc).

III. RECORD OF PILOT TIME. At a minimum, the applicant should complete the blocks applicable to the certificate or rating sought; however, it is recommended that all pilot time be entered. If decimal points are utilized, ensure that they are legible. Time entered in the "Class Totals" block should reflect time in aircraft class for the certificate or rating sought with this application. The time entered for an FFS, FTD, and/or ATD may be credited towards the total time in the category, class, and instrument time as permitted by the regulations. Add any Flight Engineer time used for ATP in remarks section.

IV. HAVE YOU PREVIOUSLY RECEIVED A NOTICE OF DISAPPROVAL OR BEEN DENIED FOR ANY REASON FOR THE CERTIFICATE AND/OR RATING FOR WHICH YOU ARE APPLYING? Mark "Yes" or "No" as appropriate.

V. APPLICANT'S/INDIVIDUAL'S CERTIFICATION.

- A. Signature. Sign your name.
- B. Date. The date you signed the application.

OMB Control Number: 2120-0690 Expiration Date: 12/31/2025

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U.S. Department of Transportation Federal Aviation Administration

Airman Certificate and/or Rating Application – Sport Pilot

I. Application Information									Additional Privilege: Airplane G							Gyropl	Gyroplane						
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Private Recent Experience Other																Balloon Weight Shift Cont			OTILIOI				
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A. Name (Last, First, Middle)									B. SSN	(US only)	C. D	ate of B	irth (MM/DD/Y1	m) D. F	Place	of Birth (Cit	y and Stai	te) or (City	and Country)		
E. Residential Address (Including City, State, Zip Code, and Country)										1. Oldzeriship Openiy					write &	G. Do you read, speak, write & understand the English language? No							
											H. Height (inches)			I. Weight (pounds)			Hair Color	 `	/e Color	L. Sex	,		
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M. Do you hold, or have you ever held an FAA Pilot Certificate including revoked certificates? (Note: A student pilot certificate is a pilot certificate.) Yes No																		Certificate Number P. Date Issued					
Q. Do yo Ever Held,				Yes No	R. (Class of N	∕ledical	Certific	ate		S. Date Issued T. N							Name of Medical Examiner					
U. Do yo Driver's L				Yes No	V. I	License N	lumber			W. State	State of Issuance X. D						Date Issued Y. Expiration D				e		
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. Zb. Date of Final Conviction													tion										
II. Certif	icate, P	rivilege	or Ratir	ng Applic	d For	r on Basis	of:																
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	B. Graduate of Approved/Accepted Course 2. Curriculum From Which Graduated 3. Date																						
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C.	Holder				Country Ratings								2. Grade of License						3. Number				
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III. Reco	ra ot Pi	liot i ime	∌ (Do no	I		Shaded ar							1			Night							
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Signature	of Appli	icant/Indi	vidual				_		_	_							D	ate				_	

		Instructor I have personally instructed the app	or's Recom			eadv to	take the test.				
Date									Recent Experience End Date		
		Air Age	ncy's Reco	mmend	ation)		l l			
This applicant has s	uccessfully co	ompleted our							C	ourse, and is	
recommended for certification, privilege or rating without further test.											
Date Agency Name and Number Official's Signature											
		Title									
		Report									
Student Pilot Ce	ertificate Issued (Designated Examiner or Ai Copy Attached)	illian ociani		ргоз	ciitativ	c report				
		applicant's pilot logbook and/or training r			lividual ı	meets the	е				
·		FR part 61 for the pilot certificate, privile applicant's graduation certificate, and for			order	and have	returned the cer	tificate			
•	•	verified this applicant in accordance with									
•	Αŗ	pproved – Temporary Certificate Issued (Original Attached	i) Ap	pproved	– No Ten	nporary Certificate	Issued			
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Location of Test (Facility,	City, State)						Ground	Duration		Fliabt	
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Certificate or Rating for w	hich tested		Type(s) of Aircr	aft Used 2)			Registration 1)	Number(s) 2)	• *		
Date	Exan		1)	·	Certificate Number		Designation N		Designa	tion Expires	
K {61.419} or J I have personal	{61.321} for the ly tested this app	is applicants pilot logbook and/or training proficiency check sought. plicant in accordance with the pertinent pi	record and certif	y the individ andards of 1 light-	lual mee I4 CFR sport ai	ets the pe part 61 (\$ rcraft.	Subparts K or J),		·	•	
Date	Instructor's S	Proficiency Check:	Satisfactory			nsatisfac	tory	Pacont Evr	orionco E	and Date:	
Date Instructor's Signature (Print Name & Sign) Certificate Number							Recent Experience End Date:				
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Flight Instructor Student Pilot Certificate Issued Certificate or Rating Based on: Initial Added Rating/Privilege Recent Experie Reinstatement ACCEPTED REJECTED Approved Course Graduate Other Approved FAA Qualification Criteria Flight Instructor Initial Added Rating/Privilege Recent Experie Reinstatement Instructor Recency Based on: Activity WINGS										ecent Experience	
										d Responsibilities	
Training Course (FIRC) Name									Date		
Date	Inspector's Sign	nature (Print Name & Sign)					Certificate Numb	er	FAA Dis	strict Office	
Attachments:		Airman's Identification (ID):		Applicant's/Airman's Information:							
Student Pilot Certifica	ate (Copy)	Form of ID:			Name:						
Knowledge Test Rep	oort	Number:		Date of Birth:							
Temporary Airman Ce	ertificate	Expiration Date:	Certificate Number:								
Notice of Disapprova	al	Telephone Number:	Email Address:								
Superseded Airman	Certificate	Meets Aviation English Language Standard Does Not Meet Aviation English Language Standard REMARKS: Referred to FSO for Aviation English Language Standard Standard Determination								_anguage	



Airman Certificate and/or Rating Application – Sport Pilot

U.S. Department of Transportation **Federal Aviation Administration** ADDITIONAL ADDRESS INFORMATION Name (Last, First, Middle): Social Security Number: Certificate Number: Date Issued: Permanent Mailing Address: Address the applicant requests the certificate to be sent: Street: Street: P.O. Box: P.O. Box: City, State, Zip Code: City, State, Zip Code: Physical Description as entered: Comments:

