U.S. Department of Transportation
Federal Aviation Administration

FAA Form 8710-13, Remote Pilot Certificate and/or Rating Application Supplemental Information and Instructions

Paperwork Reduction Act Statement:
The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 30 minutes to complete this form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0021, and its expiration date is August 31, 2019. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-100.

See Privacy Act Information and Pilot's Bill of Rights Written Notification of Investigation attached. Detach these supplemental information instruction parts before submitting the attached form.

Instructions for completing this form (FAA 8710-13 form) are attached. Completion is optional for the fields containing the applicant's Social Security number, telephone number, and e-mail address.

For faster processing, the FAA encourages applicants to apply online using the FAA Integrated Airman Certification and Rating Application (IACRA). IACRA is available at https://iacra.faa.gov.

Eligible part 61 pilot certificate holders who are applying for this certificate on the basis of completion of an online knowledge course must submit this application to an authorized person at an FAA Flight Standards District Office (FSDO), an FAA Designated Pilot Examiner (DPE), an Airman Certification Representative (ACR), or a Certificated Flight Instructor (CFI).

Individuals applying for this certificate on the basis of completion of an aeronautical knowledge test must attach the original passing results of the aeronautical knowledge test to this form and mail the application package to:

DOT/FAA
Airmen Certification Branch (AFS-760)
P.O. Box 25082
Oklahoma City, OK 73125

Tear off this cover before submitting form

REMOTE PILOT CERTIFICATE AND/OR RATING APPLICATION

PRIVACY ACT STATEMENT: This statement is provided pursuant to 5 U.S.C. § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 106(g), 40113, 44702, 44703, 44709, 44710, 44711(a)(2)(A) and 14 CFR. Parts 61 and 107, Subpart C. The principal purpose for which the FAA intends to use the information 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 applicant's Social Security Number, telephone number, and email address, which are optional. Failure to provide all required information will result in the FAA 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 for DOT/FAA 847 (see 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 certificate(s) and/or rating(s) held, limitations, date of issuance, and certificate number;
- The status of the airman's certificate (i.e., whether it has been amended, modified, suspended or revoked for any reason); and
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. § 44703(c)(2).

(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 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.

(h) 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.

(i) 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 Department of Transportation (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.

(j) 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.

(k) 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.

(l) 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.

(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense, the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 FR 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 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.

Your signature on this form (FAA Form 8710-13) 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 8710-13, Airman Certificate and/or Rating Application, 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 107.

- 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 or rating 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, AFS-760
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 certificate number for identification purposes and the date of application.)

REMOTE PILOT CERTIFICATE AND/OR RATING APPLICATION
INSTRUCTIONS FOR COMPLETING FAA FORM 8710-13

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

Note: *Please enter all dates in eight digits as MM/DD/YYYY. Use numeric characters, (e.g. 01/01/2014).*

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 § 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 US 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 any other FAA certificate you may hold.

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 E1. 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 E2. Mailing Address. Enter your mailing address, if different than block E1. This may be a residence, post office box, rural route, flight school address, personal mail box (PMB), commercial address, or other mail drop location, as applicable. The address provided in block E2, if any, will be printed on the permanent airman certificate. If you want your airman certificate mailed to an address other than provided in blocks E1 or E2, you will need to provide instructions on a separate attachment or in the remarks section of the form.

Block F. Citizenship/Nationality. Mark USA if you are a US Citizen or legally naturalized US Citizen. If you are not a US 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. Sex. Mark either Male or Female as appropriate.

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 only.

Block J. Hair Color. Spell out the color of your hair. Choose from the following: bald, black, red, brown, blond, gray, 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: blue, brown, black, hazel, green, or gray.

Block L. Do you read, speak, write and understand the English language? Mark yes or no.

Block L1. If you answered "No" to question 'L', are you unable to read, speak, write, or understand the English language due to medical reasons? Mark yes or no. If you answer "Yes" an operating limitation will be placed on the certificate. Please provide an explanation of the medical condition. You may include an attachment if necessary.

Block M. Do You Hold or Have You Ever Held An FAA Pilot Certificate? Mark yes or no. If. Yes, complete Blocks M1, M2, and M3.

Block M1. 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 M2. Certificate Number. Enter your current FAA certificate number as it appears on the pilot certificate.

Block M3. Date Issued. Enter the date your pilot certificate was last issued.

BLOCK M4. Flight Review. Mark yes or no

BLOCK M5. Date of last Flight Review

Block N. Narcotics Drugs. Mark yes or no. Only mark "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, mark "No". If you marked "Yes", please provide the date of final conviction and an explanation of the offense. You may include an attachment if necessary.

Block O. Have you ever been denied a remote pilot certificate for any reason? Mark yes or no. If you marked "Yes", please provide the reason for the denial. You may include an attachment if necessary.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

Block A. Completion of a knowledge Test. (Attach knowledge test results with application)

Block B. Completion of a training course. (Attach training course completion certificate with application)

III. APPLICANT'S CERTIFICATION.

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

Form approved OMB No: 2120-0021
Expires 08/31/2019

TYPE OR PRINT ALL ENTRIES IN INK

U.S. Department of Transportation
Federal Aviation Administration

Remote Pilot Certificate and/or Rating Application

I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):

Ratings	Other Information/Requests
☐ Small Unmanned Aircraft System	☐ Initial ☐ Recurrent ☐ Other *specify:*

A. Name *(Last, First, Middle)*	B. SSN *(US Only)*	C. Date of Birth MMDDYYYY	D. Place of Birth *(City and State) or (City and Country)*

E1. Residential Address *(include City, State, Zip Code & Country)*	E2. Mailing Address *(This address will be printed on the permanent airman certificate, if different than block E1)*	F. Citizenship / Nationality ☐ USA ☐ Other *specify:*	G. Sex ☐ Male ☐ Female
		H. Height *(inches)* / I. Weight *(pounds)* / J. Hair Color	K. Eye Color

L. Do you read, speak, write, and understand the English language? ☐ Yes ☐ No

L1. If you answered "No" to question 'L', are you unable to read, speak, write, or understand the English language due to medical reasons? ☐ Yes ☐ No If yes, please explain:

M. Do you hold, or have you ever held an FAA certificate? ☐ Yes ☐ No	M1. Grade of Certificate	M2. Certificate Number	M3. Date Issued

M4. If you hold a Pilot Certificate, have you accomplished the requirements in accordance with §61.56? ☐ Yes ☐ No	M5. Date of Last Flight Review

N. 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?
☐ Yes ☐ No Date of Final Conviction: If you answered Yes, please explain:

O. Have you ever been denied a remote pilot certificate for any reason? ☐ Yes ☐ No If yes, please explain:

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

☐ A. Completion of Knowledge Test *(attach knowledge test results with application)*

☐ B. Completion of Training Course *(attach training course completion certificate with application)*

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

Signature of Applicant	Date MM/DD/YYYY

Submitting Official's Report

☐ I have personally reviewed this application and I certify that the individual meets the applicable requirements of 14 CFR Part 107 for the certificate or rating sought.

☐ I have personally verified the applicant's identification.

☐ I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.

Applicant meets FAA Aviation English Language Proficiency ☐ Yes ☐ No

☐ Application Accepted ☐ Temporary Certificate Issued ☐ Application Rejected *specify:*

Designated Examiner or Airman Certification Representative Signature

Date	Examiner's Signature *(Print Name & Sign)*	Certificate Number	Designation Number	Designation Expires

Aviation Safety Inspector or Technician Signature

Date	Inspector's Signature *(Print Name & Sign)*	Certificate Number	FAA Office Code

Authorized Instructor Signature

Date	Instructor's Signature *(Print Name & Sign)*	Certificate Number	Certificate Expires

Attachments:

☐ Knowledge Test Report

☐ Training Course Completion Certificate

☐ Temporary Certificate

☐ Other *specify:*

Airman's Identification(ID) *(US Driver's License or passport recommended))*	Applicant Information
Form of ID	Name
ID Number	Date of Birth
Expiration Date	Certificate Number
Telephone Number	E-mail Address
Remarks	