



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

## **FAA Form 8710-1, Airman Certificate and/or Rating Application Supplemental Information and Instructions**

OMB Control Number: 2120-0021  
Expiration Date: 08/31/2025

### **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 2120-0021. Public reporting for this collection of information is estimated to be approximately 30 minutes 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 voluntary. 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

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### **See attached Privacy Act Information and Pilot's Bill of Rights Written Notification of Investigation**

Detach these supplemental information instruction parts before submitting the attached form. Instructions for completing this form (FAA 8710-1 form) are attached. 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 applicant's social security number, telephone number, and e-mail address are optional.

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>.

Tear Off this cover before submitting form.



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## **FAA Form 8710-1, Airman Certificate and/or Rating Application**

### **Privacy Act Statement**

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

**Authority:** The authorities for collecting information by the FAA Form 8710-1, Airman Certificate and/or Rating Application, is [49 U.S.C. 40113](#), [44702](#), [44703](#), [44709](#), [44710](#), [44711\(a\)\(2\)](#) and [14 CFR Part 61](#).

**Purpose:** The FAA Form 8710-1 collects the applicant's name, social security number (optional), date of birth, place of birth, address and certificate number. The principal purpose for collecting the information is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

**Routine Uses:** The information collected by FAA Form 8710-1 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 mandatory, except for the social security number, which is optional. However, an incomplete submission may result in delay in a response and/or an inability to process the application.

***Your signature on this form (FAA Form 8710-1) 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 8710-1, 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 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 8710-1 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.)



## Airman Certificate and/or Rating Application

### Instructions for Completing FAA Form 8710-1

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

**Note:** 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).

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 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 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 only.

**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?** Mark yes or no. (NOTE: A student pilot certificate is a pilot certificate.) 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 N. Do You Hold, or Have You Ever Held a Medical Certificate?** Mark applicable boxes. If yes, complete blocks N1, N2, and N3.

**Block N1. 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 14<sup>th</sup>, 2006 has expired and you are operating under BasicMed, enter "BASICMED" in this field.

**Block N2. 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 N3. Date Issued.** Enter the date your medical certificate was issued. If you are operating under BasicMed, leave blank.

**Block O. 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 alcohol offenses involving a motor vehicle mode of transportation as those are covered on the FAA Form 8500-8, Medical application.

**Block O1. Date of Final Conviction.** If block "N" was marked "Yes" provide the date of final conviction.

#### II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF: Block

##### A. Completion of Required Test.

1. 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).
2. 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. U.S. Military Competence Or Experience.** Enter your branch of service, date rated as a U.S. military pilot, and your rank or grade. In block 4a and 4b, enter the make and model of each military manned aircraft used to qualify (as appropriate). ATD, FTD, or FFS time cannot be used.

##### Block C. Graduate of an Approved Course.

1. Name, Location, Certification Number of Training Agency/Center, as shown on the graduation certificate. Indicate if this was a part 142 training center.
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 D. 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.
4. 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).

##### Block E. Completion of Air Carrier's Training Program.

1. Name of air carrier.
2. Date program was started.
3. Identify the training program accomplished.

**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.

TYPE OR PRINT ALL ENTRIES IN INK



## Airman 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 or for the information you submit to validate certain certification requirements):

Certificates		Ratings		Flight Instructor Recency/Other Information/Requests	
<b>Pilot:</b> <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP	<b>Instructor:</b> <input type="checkbox"/> Flight <input type="checkbox"/> Commercial <input type="checkbox"/> Ground	<b>Category and/or Class:</b> <input type="checkbox"/> ASE <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> AME <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Land <input type="checkbox"/> Glider <input type="checkbox"/> Powered-Lift <input type="checkbox"/> Sea <input type="checkbox"/> Added Rating	<b>Instrument:</b> <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered-Lift <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Instrument	<b>Ground Instructor:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Recency <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reexamination <input type="checkbox"/> Reissuance <input type="checkbox"/> Flight Review <input type="checkbox"/> Specify Other:	<input type="checkbox"/> IPL <input type="checkbox"/> Instrument Proficiency Check <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Limitation Removal
A. Name (Last, First, Middle)		B. SSN (US Only)		C. Date of Birth (MM/DD/YYYY)	
D. Place of Birth (City and State) or (City and Country)		E1. Residential Address (Including City, State, Zip Code, and 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. Do you read, speak, write, & understand the English language? Yes No		H. Height (inches) I. Weight (pounds) J. Hair Color K. Eye Color L. Sex Male Female	
M. Do you hold, or have you ever held an FAA pilot certificate, including revoked certificates? Yes No (Note: A student pilot certificate is a pilot certificate.)		M1. Grade of Certificate		M2. Certificate Number	
N. Do you hold, or have you ever held a Medical Certificate? Yes - FAA Yes - Foreign Yes- Military No		N1. Class of Certificate		N2. Name of Medical Examiner	
O. 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? Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form. <input type="checkbox"/> Yes <input type="checkbox"/> No		M3. Date Issued		N3. Date Issued	
O1. Date of Final Conviction					

### II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

<input type="checkbox"/> A Completion of Test or Activity	1. Aircraft to be used (If flight test required)	2. Total time in this aircraft and/or approved FFS or FTD (hours):	a. Flight Time	b. As Pilot-in-Command
<input type="checkbox"/> B U.S. Military Competence or Experience	1. U.S. Military Service	2. Date Rated in U.S. Military	3. Rank or Grade	
<input type="checkbox"/> C Graduate of an Approved Course	1. Training Agency or Training Center:	1a. Name	1b. Location (City and State)	1c. Certification Number
<input type="checkbox"/> D Holder of Foreign License	1. Country that Issued the Foreign Pilot License	2. Grade of Foreign Pilot License	3. Foreign Pilot License Number	
<input type="checkbox"/> E Air Carrier Training Program	1. Name of Air Carrier	2. Date Training Began	3. Accomplished Training Program Initial Upgrade Transition Recurrent	
	2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating)	1d. Part 142? Yes No		
	4. Ratings Held on Foreign Pilot License (FAA equivalent only – e.g. ASEL, AMEL, Type rating, etc.)	3. Date		

### III. RECORD OF PILOT TIME (Do not write in the shaded areas)

	Total	Instruction Received	Solo	PIC and SIC		Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Number of					
				PIC	SIC									Flights	Aero-Tows	Ground Launches	Powered Launches		
Airplanes				PIC	SIC			PIC	SIC			PIC	SIC	Gliders	PIC	Dual			
Rotorcraft				PIC	SIC			PIC	SIC			PIC	SIC	Lighter-than-air					
Powered Lift				PIC	SIC			PIC	SIC			PIC	SIC	Class Totals					
Gliders				PIC	SIC			PIC	SIC			PIC	SIC	Airplane	SEL	MEL	SES	MES	
Lighter-Than-Air				PIC	SIC			PIC	SIC			PIC	SIC		PIC	PIC	PIC	PIC	
FFS				PIC	SIC			PIC	SIC			PIC	SIC		SIC	SIC	SIC	SIC	
FTD														Instruct Rcvd	Instruct Rcvd	Instruct Rcvd	Instruct Rcvd		
ATD														Rotorcraft	Helicopter		Gyroplane		
														Lighter-than-air	Balloon		Airship		
														FFS	SE	ME	Helicopter		
														FTD					
														ATD					

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? ☐ Yes ☐ No

V. APPLICANT'S CERTIFICATION: I certify that all statements and answers provided by me on this form are complete and true to the best of my knowledge. I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me or to validate my recency. 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.

Signature of Applicant / Individual

Date  
MM/DD/YYYY

<b>Instructor Action</b>				
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Accepted Student Pilot Application – I have personally reviewed the applicant's information and verified the person meets the eligibility requirements and verified applicants identification</span> <span>Rejected Student Pilot Application</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Flight Review</span> <span>Instrument Proficiency Check</span> <span>Recommendation – I have personally instructed the applicant and consider this person ready to take the test.</span> </div>				
Date	Authorized Flight Instructor's Signature ( <i>Print Name and Sign</i> )	Flight Instructor Certificate Number	Recent Experience End Date	
<b>Air Agency's Recommendation</b>				
The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further practical test.				
Date	Agency Name and Number	Official Signature		
<b>Designated Examiner or Airman Certification Representative Report</b>				
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Accepted Student Pilot Application</span> <span>Rejected Student Pilot Application</span> </div> <p>I have personally reviewed this applicant's pilot logbook and/or training record, and I certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate or rating sought.</p> <p>I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. (Original ATP CTP graduation certificate must be attached)</p> <p>I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.</p> <p style="text-align: center;"><b>I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.</b></p> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Approved – Temporary Certificate Issued (Original Attached)</span> <span>Approved – No Temporary Certificate Issued</span> <span>Disapproved – Disapproval Notice Issued (Original Attached)</span> </div>				
Location of Test ( <i>Name of Facility or Airport, City, State</i> )		Duration of Test		
		Ground / Oral	FFS / FTD	Flight
Certificate or Rating Being Applied For ( <i>Grade, Category, Class and/or Type Rating</i> )		Type(s) of Aircraft Used		Registration Number(s)
Date	Examiner's Signature ( <i>Print Name &amp; Sign</i> )	Certificate Number	Designation Number	Designation Expires
<b>Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))</b>				
Inspector		Examiner		Date
Ground / Oral		Signature and Certificate Number		
Approved FFS/FTD Check				
Aircraft Flight Check				
Advanced Qualification Program				
<b>Aviation Safety Inspector or Technician Report</b>				
<p>I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with, pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. (<i>The approved box need only checked if the Inspector is the one that issued the temporary airman certificate</i>)</p> <p style="text-align: center;"><b>I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.</b></p> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Approved – Temporary Certificate Issued (Original Attached)</span> <span>Disapproved – Disapproval Notice Issued (Original Attached)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Approved - No Temporary Certificate Issued</span> <span>Accepted - Student Pilot Application</span> <span>Rejected - Student Pilot Application</span> </div>				
Location of Test ( <i>Name of Facility or Airport, City, State</i> )		Duration of Practical Test		
		Ground / Oral	FFS / FTD	Flight
Certificate or Rating Being Applied For ( <i>Grade, Category, Class and/or Type Rating</i> )		Type(s) of Aircraft Used		Registration No.(s)
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><b>Certification Activities:</b></p> <p>Examiner's Recommendation Provided/Reviewed</p> <p style="padding-left: 20px;">Accepted    Rejected</p> <p>Application for Student Pilot Certificate Accepted</p> <p>Reissue or exchange of pilot, CFI, or G.I. certificate</p> <p>Change of name, nationality, or date of birth</p> <p>SIC Type Rating issued under § 61.55(b) (Part 91)</p> </div> <div style="width: 30%;"> <p>Ground Instructor Certificate Issued</p> <p style="padding-left: 20px;">Basic</p> <p style="padding-left: 20px;">Advanced</p> <p style="padding-left: 20px;">Instrument</p> </div> <div style="width: 30%;"> <p>Flight Instructor Certificate</p> <p style="padding-left: 20px;">Initial    Added Rating</p> <p style="padding-left: 20px;">Recency    Reinstatement</p> <p>Instructor Recency Based On:</p> <p style="padding-left: 20px;">Activity    Training Course    WINGS</p> <p style="padding-left: 20px;">Test    Duties and Responsibilities</p> <p style="padding-left: 20px;">Military Instructor Proficiency Check</p> </div> <div style="width: 30%;"> <p>Certificate or Rating Based on:</p> <p style="padding-left: 20px;">Approved FAA Qualification Criteria not Identified on Page 1</p> <p style="padding-left: 20px;">Military Competency    Foreign License</p> <p style="padding-left: 20px;">Special medical test conducted – report forwarded to issuing medical office or AAM-300</p> <p style="padding-left: 20px;">Special Test-Reexamination (44709) conducted</p> <p style="padding-left: 20px;">Approved    Disapproved</p> </div> </div>				
Training Course (FIRC) Name		Graduation Certificate Number		Date of FIRC Graduation Certificate
Date	Inspector's Signature ( <i>Print Name &amp; Sign</i> )	Certificate Number	FAA Office (e.g. SO-15, WP-19)	
<b>Attachments:</b>				
Certifying Statement  College Transcript (Official)  ATP CTP Graduation Certificate  Knowledge Test Report  Temporary Airman Certificate  Notice of Disapproval  Superseded Airman Certificate		<b>Airman's Identification (ID) (<i>US driver's license or passport recommended</i>)</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Form of ID</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">ID Number (<i>If issued by State, include State</i>)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Expiration Date (<i>must be valid</i>)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Telephone Number</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Meets Aviation English Language Standard</span> <span>Does Not Meet Aviation English Language Standard</span> <span>Referred to FSO for Aviation English Language Standard Determination</span> </div>		
		<b>Applicant Information (<i>required if printed on 2 pages</i>)</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date of Birth</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Certificate Number</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">E-Mail Address</div>		
REMARKS:				