

NOTICE

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

N 8900.651

National Policy

Effective Date:
2/13/23

Cancellation Date:
2/13/24

SUBJ: Revised/New FAA Forms for Mechanic, Inspection Authorization, Parachute Rigger, and Repairman Applications

1. Purpose of This Notice. This notice announces the new Federal Aviation Administration (FAA) Form 8610-3, Airman Certificate and/or Rating Application – Repairman; and revisions to existing FAA Form 8610-1, Mechanic’s Application for Inspection Authorization, and FAA Form 8610-2, Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger. This notice also announces changes to related guidance for evaluation and certification of mechanic, Inspection Authorization (IA), parachute rigger, and repairman applicants under Title 14 of the Code of Federal Regulations (14 CFR) part 65 subparts D, E, and F.

2. Audience. The primary audience for this notice includes all Flight Standards (FS) aviation safety inspectors (ASI) and aviation safety technicians (AST) who conduct part 65 airman certification and related duties, and FS designees authorized to issue airman certificates under part 65 subparts D, E, and F. The secondary audience includes the Civil Aviation Registry Division (AFB-700), the Regulatory Support Division (AFS-600), and all other Safety Assurance (SA) and Safety Standards personnel with responsibilities relating to the part 65 airman certifications discussed in this notice.

3. Where You Can Find This Notice. You can find this notice on the MyFAA employee website at https://employees.faa.gov/tools_resources/orders_notices and the Dynamic Regulatory System (DRS) at <https://drs.faa.gov>. Operators and the public can find this notice on the FAA’s website at https://www.faa.gov/regulations_policies/orders_notices and DRS.

4. Background.

a. The Aircraft Maintenance Division (AFS-300) recognized that the forms used for mechanic, IA, parachute rigger, and repairman applications required various changes and updates. FAA Form 8610-1 was last updated in 2010, and FAA Form 8610-2 was last updated in 1985. For example, to incorporate the requirements of the Pilot’s Bill of Rights (PBR), the FAA provided the mandatory written notification, and received acknowledgement of that notification, using additional documents provided to/received from the applicant. Adding PBR notification and acknowledgement to the forms simplifies the application process.

b. Upon making the needed changes to the existing forms, the forms became complex and crowded. It was determined that separating repairman applicant information from FAA

Form 8610-2 would be a logical split of application information, since repairman applicants do not require recording of FAA test results on page 2 of the application form. Additionally, placing repairman applicant information onto a separate form will support future changes to repairman application and certification processes if needed.

5. Regulations and Guidance.

a. Regulations. The information in this notice relates to airman certificate applications under part 65 subparts D, E, and F.

b. FAA Order 8900.1 and Other Guidance. The Guidance section of this notice explains new and/or changed guidance, related to these forms, in order to support the use of the forms upon publication. Guidance requiring revision as a result of the new and changed forms is listed in Appendix A, Affected Guidance for Revision.

6. Discussion and Explanation of Policy Changes.

a. General. In accordance with the Paperwork Reduction Act (PRA), the FAA must submit any changes to forms that collect information from the public to the Office of Management and Budget (OMB) for review and approval. The new forms have been approved by OMB and are available online at <https://www.faa.gov/forms>. Part 65-related forms being discussed in this notice include:

- FAA Form 8610-1, Mechanic's Application for Inspection Authorization.
- FAA Form 8610-2, Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger.
- FAA Form 8610-3, Airman Certificate and/or Rating Application – Repairman.

b. Major Changes. An overview of the major changes to the forms discussed in this notice are described below.

(1) All Forms.

- Block-by-block form completion instructions for applicants are included in the supplemental information pages of each form.
- Informational text is added to various blocks on the form to assist the applicant in entering the appropriate information.
- The PBR Written Notification of Investigation to airmen is included in the supplemental information of each form.
- A statement for acknowledgement of receipt of the PBR Written Notification of Investigation to airmen is included within the applicant's certification section(s) of each form.

(2) FAA Form 8610-1. Form fields are revised to include added and changed fields, and form format has been updated to assist applicant understanding and completion.

(3) FAA Form 8610-2.

- The form is renamed Airman Certificate and/or Rating Application – Mechanics and Parachute Riggers, due to removal of repairman applicant information.
- Form fields are revised to include added and changed fields, and form format has been updated to assist applicant understanding and completion.

(4) FAA Form 8610-3. The application information for all repairman types will be collected on a newly created form, FAA Form 8610-3.

c. Details of Changes to FAA Form 8610-1. This form is revised to incorporate added and changed fields as follows:

(1) Block 4b, Email Address, was added as an optional field to assist the responsible Flight Standards offices in maintaining accurate contact information for applicants for dissemination of information applicable to holders of an IA.

(2) Blocks 5–9 have been reworded to maintain consistency with part 65 IA application and renewal requirements:

(a) Block 5 has been reworded to be consistent with the regulation.

(b) Block 6 question has been reworded to clarify that only the maintaining of certificated aircraft applies towards the 2-year period (refer to the legal interpretation of Pohl 2008).

(c) Block 8 question has been reworded to ensure that applicants provide accurate information to determine their eligibility under § 65.91.

(3) Block 10, Basis for Renewal:

(a) A recent issuance check box and date field have been added to help identify when an application meets the renewal requirements of § 65.93(b).

(b) Fields are reorganized to provide a more intuitive format for entering the first and second year basis of renewal information.

(c) A block is added for the oral test date when the applicant renews by passing of an oral test given by the FAA (§ 65.93(a)(5)).

(4) Block 13, Applicant's Certification, was renamed and the certification statement was revised to include applicant acknowledgement of the PBR Written Notification of Investigation and The Privacy Act of 1974 (The Privacy Act). The revised statement eliminates the requirement for applicants to provide their acknowledgement of receipt of the PBR Written Notification of Investigation on a separate document.

(5) Block 14, Record of Action:

(a) “Expires in 30 Days” was added as informational text below the “ENDORSEMENT” checkbox. This is added to help applicants be aware of endorsement expiration timeframes and to eliminate the need for the endorsement limitation to be entered manually by the ASI.

(b) FAA signature blocks have been renamed from “Inspector’s Signature” to “FAA Signature”. While either specified FAA personnel or designees could be authorized to sign in this block, FAA internal guidance will control/define who has signature authority for this block. Current guidance limits IA test authorization, issuance, and renewal to specified FS personnel.

(c) The “Office Identification” block has been revised to “FAA Office/Designation No.” Authorized FS personnel will enter their responsible Flight Standards office identifier. Designees, if authorized in the future, would enter their designation number in this block.

(6) Informational text was added to various blocks to assist the applicant in entering the appropriate information.

d. Details of Changes to FAA Form 8610-2. This form is being revised to incorporate added and changed fields as follows:

(1) General.

(a) The form title has been changed to specify it is for only for mechanic and parachute rigger applicants, under part 65.

(b) An “Other” box was added to the form’s top section to allow the applicant to identify the purpose of the application if other than original issuance or added rating (e.g., change of name, nationality, gender, etc.).

(c) Blocks related to repairman applicants have been removed from the form and are now part of FAA Form 8610-3.

(d) Informational text was added to various blocks to assist the applicant in entering the appropriate information.

(2) Section I, Applicant Information.

(a) The name format for block A is changed to “Last, First, Middle.” This change matches how names appear in the airman records database.

(b) The block for entry of a Social Security Number (SSN) has been removed. This information is no longer collected for applicants.

(c) The question “Do you read, write, speak, and understand the English Language?” has been added. This is needed to determine eligibility and/or limitations for certificates issued under part 65.

(d) The form now includes two address blocks:

1. “Physical Location/Address” block, required by Title 49 of the United States Code (49 U.S.C.) § 44703 to prevent the use by an applicant of a post office box (P.O. box) or “mail drop” as a return address to evade identification of the applicant’s address.

2. “Mailing Address” block, only required if the mailing address is different from the physical location/address. This is the address that will show on the certificate.

(3) Section II, Application Basis.

(a) This section was renamed “Application Basis” from previous “Certificate or Rating Applied For On Basis Of.”

(b) Blocks related to repairman applicants have been removed from the form.

(c) For applications based on military experience, fields were added for applicants to annotate completion of the Joint Services Aviation Maintenance Technician Certification Council (JSAMTCC) program. Check boxes were added to denote the JSAMTCC curriculum completed, the completion date, and the JSAMTCC Certificate Control Number.

(d) For applications based on graduation from an approved Aviation Maintenance Technician School (AMTS) check boxes were added for the applicant to annotate if the applicant has graduated from the AMTS or is applying based on the § 65.80 requirements. Previous blocks that resulted in duplication of information for § 65.80 applicants have been removed (e.g., school name, school number, etc.).

(e) The FAA signature block for § 65.80 testing approval is revised from “FAA Inspector Signature” to “FAA Signature”. While either specified FAA personnel or designees could be authorized to sign in this block, FAA internal guidance will control/define who has signature authority for this block. Current guidance limits § 65.80 testing authorization to specified FS personnel.

(f) The previous “FAA DIST OFC” block for § 65.80 testing approval is revised to “FAA Office/Desig. No.” Authorized FS personnel will enter their responsible Flight Standards office identifier. Designees, if authorized in the future, would enter their designation number in this block.

(g) A date block was added for completion by the school official at the time they recommend the student for § 65.80 testing.

(h) A check box for parachute rigger was added to this section. The rigger information previously found in section III is moved to this section adjacent to the newly added Parachute Rigger check box.

(4) Section III, Record of Experience.

(a) Previously, information regarding JSAMTCC applicants, § 65.104 and § 65.107 repairmen, was supplied by the applicant as free text in the “Employer and Location” and “Type

of Work Performed” fields of the application. The revised form uses dedicated text blocks in section II to collect the information needed to issue a certificate.

(b) Military applicant information previously collected in this section is moved to section II.

(c) Parachute rigger applicant information previously collected in this section is moved to section II.

(5) Section IV, Applicant’s Certification.

(a) The applicant’s certifying statement was revised to include applicant acknowledgement of receipt of the PBR Written Notification of Investigation and of The Privacy Act statement. The revised statement eliminates the requirement for applicants to provide their acknowledgement of receipt of the PBR Written Notification of Investigation on a separate document.

(b) The supplemental information that accompanies the form includes the text of The Privacy Act statement and the PBR Written Notification of Investigation.

(6) Section V, FAA Endorsement.

(a) The block “Inspector’s Signature” has been revised to “FAA Signature”. While either specified FAA personnel or designees could be authorized to sign in this block, FAA internal guidance will control/define who has signature authority for this block. Current guidance limits test authorization signatures in Block V to specified FS personnel.

(b) The block “FAA District Office” was revised to “FAA Office/Designation No.” Authorized FS personnel will enter their responsible Flight Standards office identifier. Designees, if authorized in the future, would enter their designation number in this block.

(7) Page 2 – General.

(a) The “Applicant Information” section is added to the top of the page to record basic applicant information when the form has been submitted on 2 separate pages. This information was previously recorded in the remarks section, or in the margins of the form. It is required to ensure that both page 1 and page 2 are identified to the applicant.

(b) The Mechanic Results of Oral and Practical Tests blocks have been resized to reflect current testing standards.

(c) A text box for recording of the Parachute Seal Symbol assigned to a parachute rigger is moved from the previous FAA Inspector’s Report section to the Parachute Rigger block under the Results of Oral and Practical Tests section.

(8) Page 2 – Applicant’s Certification. This section is filled out by the applicant at the time of issuance of FAA Form 8060-4, Temporary Airman Certificate.

(a) This section was moved to above the Examiner's Report section so that the flow shows the applicant answering the eligibility questions prior to issuance of the temporary airman certificate.

(b) The applicant's certifying statement was revised to include applicant acknowledgement of receipt of the PBR Written Notification of Investigation and of The Privacy Act statement.

(9) Page 2 – FAA Examiner's Report.

(a) The section previously titled "Designated Examiner's Report" has been combined with the section "FAA Inspector's Report" and has been renamed "FAA Examiner's Report". This section will be used by both designees and FS personnel when testing an applicant, or when issuing a temporary airman certificate.

(b) Additional approval and signature blocks have been added to this section to provide for approval, disapproval, and certificate issuance in various situations such as when the applicant was tested, or when the applicant's papers were examined.

(c) The previous blocks "Examiner's Signature" and "Inspector's Signature" are revised to "FAA Signature". While either specified FAA personnel or designees could be authorized to sign in the "FAA Signature" blocks, FAA internal guidance will control/define who has signature authority for these signatures blocks. Current guidance authorizes specified FS personnel and specified designees to sign this block.

(d) The previous blocks "Designation No." and "FAA District Office" are revised to "FAA Office/Designation No." Authorized FS personnel will enter their responsible Flight Standards office identifier. Designees will enter their designation number.

(10) Page 2 – Attachments. The attachments section is revised to add a box for "Test Planning Sheet." The box "Superseded Certificate," is removed.

(11) Page 2 – Applicant Identification (ID). An "Applicant Identification (ID)" section is added for annotating the Form of ID, State or Country, ID Number, Expiration Date, Telephone No., and Email address of the applicant when verifying applicant identity during the certification process. The telephone number and the email address are optional fields as some applicants may not have this information.

(12) Page 2 – FAA File Review. The "FAA Inspector's Report" was removed and replaced with a section "FAA File Review". This section is for the responsible Flight Standards office to record review of application packages prior to forwarding to AFB-720. The section includes blocks for FAA Signature, Date, and FAA Office. FS offices must review certification packages provided by designees prior to forwarding to AFB-720 and indicate their review in this section of the form.

e. New FAA Form 8610-3. This is a newly created form specific to repairman applicants. Highlights of this new form include:

(1) General.

(a) The FAA Form 8610-3, Airman Certificate and/or Rating Application – Repairman (14 CFR Part 65), includes repairman applicant information previously collected on FAA Form 8610-2 which is now to be collected on this form.

(b) This form includes supplemental information pages with the following information:

- PRA statement (page i),
- The Privacy Act statement (page ii),
- PBR Written Notification of Investigation (page iii), and
- Block-by-block instructions for applicants for completing FAA Form 8610-3 (page iv and v).

(c) The form includes informational text in various form blocks to assist the applicant in entering the appropriate information.

(d) The top section of the form contains check boxes for the types of repairman certificates and/or ratings as applicable to the type of certificate requested.

- Section 65.101 Repairman,
- Section 65.104 Experimental Aircraft Builder Repairman, and
- Section 65.107 Light-Sport Aircraft Repairman (Inspection Rating and Maintenance Rating).

(2) Section I, Applicant Information. This section is similar to the same section on FAA Form 8610-2. See subparagraph 6d(2).

(3) Section II, Applicant Basis. This section contains entry fields for additional information required for each repairman type.

(a) Section 65.101 Repairman contains:

- A text box for the applicant to specify the repairman privileges/limitations requested, located adjacent to the check box for this certificate type.
- A check box for the applicant to indicate they have attached the required letter of recommendation to the application.

(b) Section 65.104 Experimental Aircraft Builder Repairman contains text boxes included for the Aircraft Make, Model, Serial Number, and Certification Date.

(c) Section 65.107 Light-Sport Aircraft Repairman contains:

- Check boxes included to denote the class of light-sport aircraft (LSA) being requested.

- Text boxes included for LSA Class, LSA Training Course Provider, Course Name, Course Number, Course Completion Date, and Course hours. For an inspection rating, text boxes are included for aircraft N Number, and Serial Number.

(4) Section IV, Applicant's Certification (on Page 1). This section is for the applicant to acknowledge receipt of the PBR Written Notification of Investigation and of The Privacy Act statement, and to certify all the statements and answers provided on the form are complete and true. This section is completed by the applicant when application is made.

(5) Section V, Applicant's Certification (on Page 2). This section is included to allow for the FAA to verify the applicant's eligibility (i.e., to ask suspension, revocation, and drug questions) at the time the temporary airman certificate is issued.

Note: This section must be completed by the applicant if the temporary airman certificate is not issued on the same day that application is made. For example, if the applicant completed section IV one week prior to issuance of the temporary airman certificate, the applicant's information and/or eligibility for a certificate could have changed in that timeframe. The applicant must answer the questions and sign the certification so that the FAA can determine the applicant's eligibility prior to issuance of the temporary airman certificate.

(6) Section VI, FAA Examiner's Report. This section is used to indicate the action taken with the application.

(a) The "FAA Signature" block is used by the FS personnel authorized to sign this block. The block is used by specified FAA personnel or FS designees, however FAA internal guidance will control/define who has signature authority for this block. Current guidance limits repairman certificate issuance to specified FS personnel.

(b) The "FAA Office/Designation No." block is used by authorized FS personnel to enter their responsible Flight Standards office identifier. Designees, if authorized in the future, would enter their designation number in this block.

(7) Page 2 – Remarks. The Remarks section is available to enter additional information related to the application.

(8) Page 2 – Attachments. The Attachments section is included to assist in ensuring required attachments are included.

(9) Page 2 – Applicant Identification (ID). An Applicant Identification (ID) section is included to enter the Form of ID, State or Country, ID Number, Expiration Date, Telephone No., and Email address of the applicant, when verifying applicant identity during the certification process. The telephone number and the email address are optional fields as some applicants may not have this information.

(10) Page 2 – FAA File Review. An FAA File Review section is included at the bottom of page 2. This section is for the FAA to record the review of application packages prior to

forwarding to AFB-720. The section includes blocks for FAA Signature, Date, and FAA Office. FS offices must review certification packages provided by designees prior to forwarding to AFB-720 and indicate their review in this section of the form. Current guidance limits repairman certificate issuance to specified FS personnel.

7. Guidance Changes. This paragraph explains new/changed guidance related to the forms discussed in this notice.

a. Prior Versions of FAA Forms 8610-1 and 8610-2. Initial application made on prior versions of these forms should not be accepted for applications made after the date of publication of this notice. However, if a prior version of a form has been previously signed by an FS ASI or designee (as appropriate), the form is valid and can be used to complete the airman certificate application process.

Note: For example, if an applicant has a previous version of FAA Form 8610-2 with block V signed by an FAA ASI to authorize testing, then it is acceptable to complete the application process using this version of the form.

(1) There may be circumstances where the applicant must complete the new version of the form to continue/complete the certification process. In these instances, the responsible Flight Standards office must ensure the original form with original signatures is included as a part of the certification package forwarded to AFB-720. Forms may be provided to AFS-720 electronically, as discussed in subparagraph 7b(6).

(2) Prior versions of FAA Form 8610-2 do not incorporate the applicant's acknowledgement of receipt of the PBR Written Notification of Investigation. Therefore, when certification is conducted using prior versions of FAA Form 8610-2, the FAA should provide the applicant with the PBR Written Notification of Investigation at the time the application is next received by the FAA (e.g., when the application is presented to a Designated Mechanic Examiner (DME) for oral and practical testing, or to a DME or ASI for certificate issuance). Instruct the applicant to complete an acknowledgement of receipt of the PBR Written Notification of Investigation (refer to Volume 14, Chapter 1, Section 3, Figure 14-1-3B, Sample Written Notification to an Airman Applicant). The PBR acknowledgement must be included in the application package sent to AFB-720.

b. Form Signature and Submission. All form entries must be made in permanent dark blue or black ink. The instructions for completing the form state that all signatures on the form must be an original. The term "original" means "not an imitation or a copy." Therefore, forms submitted by an applicant to the FAA by mail or delivered in person should have the applicant's pen-and-ink signature, and forms submitted electronically should have the applicant's electronic signature.

Note: The form's instructions also state that the printed or typed name should be included below or beside the signature. This is only required when specifically stated in the signature block (e.g., the FAA Signature blocks on each form have this requirement, while the applicant signature blocks do not).

Note: The described methods for signature and submission do not replace any requirement to verify an applicant's identity, as required in Order 8900.1 Volume 5, Chapter 5, Title 14 CFR Part 65—Airmen Other Than Flight Crewmembers. The FAA must verify the applicant's identity at the time the application is made and at other steps during the certification process, such as testing and certificate issuance.

(1) Refer to Table 1, Acceptable Signature and Form Submittal, for a summary of the acceptable applicant signature and submission methods for each form. Unless otherwise prohibited by guidance, an applicant's signature may be either a pen-and-ink signature or any of the various forms of electronic signature; it is the applicant's choice.

(2) The FAA does not specify what an applicant's pen-and-ink signature must look like; signatures are unique to the applicant.

(3) Similarly, the FAA does not specify what an applicant's electronic signature must look like. Some examples of an electronic signature provided by an applicant could include: an Adobe PDF e-signature, a typed-in signature, an image of the applicant's signature, or an encrypted password protected signature.

Note: The Electronic Signatures in Global and National Commerce Act (E-Sign Act), Public Law (PL) 106-229, signed into law June 30, 2000, provides a general rule of validity for electronic records and signatures. The E-Sign Act defines an electronic signature as "an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record."

(4) Form submission by the applicant may be in person, mail, email, or in the case of IA renewal, using the Integrated Airman Certification and Rating Application (IACRA) process (as described in Volume 5, Chapter 5, Section 8, Renew a Part 65 Inspection Authorization). If FAA personnel, to include FAA designees, are concerned with the validity of information provided on the form, to include any signature on the form, then the concerns should be directed to the responsible Flight Standards office to investigate.

(5) Acceptable signatures made by an FS ASI include pen-and-ink signatures or use of the FAA Personal Identity Verification (PIV) card to sign electronically (i.e., apply the PIV card digital certificate to the document). Acceptable signatures made by an FS designee must be pen-and-ink until such time as the FAA incorporates the forms within an electronic process accessible by designees (e.g., IACRA or a similar process).

(6) AFB-720 converts all airman application packages to an electronic format for electronic filing/recordkeeping upon receipt. The branch will accept completed applications that have been converted to a PDF format and emailed from the responsible Flight Standards office. For example, the ASI may use a pen-and-ink signature, then scan and email the document; or the ASI may scan the document, apply a digital signature using their PIV card credentials, and then email the application to AFB-720 to their email at: afb-720-only-fed@faa.gov. AFB-720 requires

all emails containing certification packages/documents to be password protected. The password must be sent to AFB-720 in a separate email.

Note: When the application process is made using IACRA, the automation includes controls for applicant and FAA signatures, and completes the application submission to AFB-720. As previously mentioned, the FAA must still verify the applicant's identity as appropriate, during the application/certification process.

Table 1. Acceptable Signature and Form Submittal

FAA Form		If the applicant uses this type of signature:	Then the applicant may submit the form by:	Notes
8610-1	Initial IA Application	<ul style="list-style-type: none"> • Pen-and-ink • Electronic 	<ul style="list-style-type: none"> • Mail • Hand deliver • Email 	
	IA Renewal Application	<ul style="list-style-type: none"> • Pen-and-ink • Electronic • IACRA process 	<ul style="list-style-type: none"> • Mail • Hand deliver • Email • IACRA process 	
8610-2	Mechanic Certificate Application	<ul style="list-style-type: none"> • Pen-and-ink • Electronic 	<ul style="list-style-type: none"> • Mail • Hand deliver • Email 	Oral and practical test results must be annotated on page 2 of the form using pen-and-ink entries. Applications that were digitally signed up to this point must be printed and provided to the designee.
	Mechanic Certificate - § 65.80 Application			
	Parachute Rigger Certificate Application			
8610-3	Repairman Certificate Application	<ul style="list-style-type: none"> • Pen-and-ink • Electronic 	<ul style="list-style-type: none"> • Mail • Hand deliver • Email 	

c. Guidance Differences Applicable to All Guidance. The following differences can be applied to all existing guidance related to mechanic (including IA), parachute rigger, or repairman application/certification:

(1) Each form includes instructions to the applicant for completing the form, located in the Supplemental Information pages. These instructions supersede any instructions on previous versions of the form or contained in existing guidance. FAA personnel should direct applicants to use the form instructions specific to each form when making application.

Note: Instructions for FAA-completed portions of the form are included in Volume 5, Chapter 5, appropriate sections, with differences described in this notice.

(2) Upon receipt of an airman application, the appropriate FAA personnel must carefully review all information on the application to determine if the applicant meets all eligibility requirements for certificate issuance. Eligibility requirements vary depending on the specific certificate and/or rating being requested.

Example 1. On both FAA Forms 8610-2 and 8610-3, Section I, Applicant Information, the applicant must answer question N, regarding a drugs or substance conviction. If “yes” is marked, this does not automatically make the applicant ineligible for the certificate requested. For example, final convictions that occurred more than 1 year prior or convictions involving alcohol do not affect the applicant’s eligibility. If the applicant marked “yes” and the FAA determined that the specifics of the conviction do not affect the applicant’s eligibility, the ASI must annotate this determination in the remarks block of the form. The ASI should contact the Office of the Chief Counsel (AGC) with questions or concerns regarding an applicant’s eligibility.

Example 2. On both FAA Forms 8610-2 and 8610-3, Section I, Applicant Information, the applicant must answer question M, regarding the applicant’s ability to read, write, speak, and understand the English language. If “no” is marked, that does not automatically make the applicant ineligible for the certificate requested. The ASI must review the English language requirements in the applicable regulation for the certificate requested to determine the applicant’s eligibility. Refer to §§ 65.71(a)(2), 65.113(a)(2), and 65.101(a)(6) as appropriate. If “no” is marked, the authorized FAA personnel must annotate in the remarks block how this answer affects the applicant’s eligibility for the certificate and/or rating requested.

Example 3. When an applicant’s eligibility for a certificate, rating, or authorization is based on a specified timeframe, the dates entered on the form must clearly show that timeframe is met. If entering of the month/year (MM/YYYY) format does not clearly show eligibility is met, have the applicant insert a comment in the remarks block to indicate the experience timeframe in the MM/DD/YYYY format. This additional information will allow the FAA to accurately determine the applicant’s eligibility for the certificate, rating, or authorization requested.

(3) Use the following guidance in place of existing references to “the Pilot’s Bill of Rights” or “PBR”.

(a) The supplemental information of FAA Forms 8610-1, 8610-2, and 8610-3 includes and makes available to all applicants, the PBR Written Notification of Investigation, as required by PL 112-153, Pilot’s Bill of Rights, and PL 115-254, FAA Reauthorization Act of 2018. The applicant’s signature on FAA Form 8610-1, 8610-2, or 8610-3 confirms the applicant has received the PBR Written Notification of Investigation at the time application was made. For additional information regarding the PBR, refer to Volume 14, Chapter 1, Section 3.

(b) Prior versions of FAA Form 8610-2 that have been signed by an FAA inspector (e.g., section V signed by FAA) are acceptable documents to continue the certification process. However, the PBR Written Notification of Investigation and applicant acknowledgement are not included in earlier versions of the form. Therefore, when certification is conducted using prior versions of FAA Form 8610-2, the FAA should provide the applicant with PBR Written Notification of Investigation at the time the application is next received by the FAA (e.g., when the application is presented to a DME for oral and practical testing, or to a DME or ASI for certificate issuance). In these instances, instruct the applicant to complete one acknowledgement of receipt of the PBR Written Notification of Investigation (refer to Volume 14, Chapter 1, Section 3, Figure 14-1-3B). The PBR acknowledgement must be included in the application package sent to AFB-720.

(4) The “FAA Signature” block is to be used by FAA personnel, including qualified FAA employees and designees, authorized to approve the application and sign on behalf of the FAA. The personnel must be qualified and authorized to approve the application, as stated in the current applicable guidance; this notice does not change the existing guidance regarding signature authority. For example, current guidance only authorizes an FAA inspector to issue a repairman certificate. Therefore, only an FAA inspector may sign in the “FAA Signature” block and would enter the FAA office number in the “FAA Office/Designation No.” block.

(5) The “FAA Office/Designation No.” block is to be used to enter the responsible Flight Standards office identifier of the authorized FS personnel signing the form, or the designation number of the authorized designee, as appropriate for the FAA personnel authorized (in current guidance) to approve the application. For example, existing guidance only authorizes an FS ASI to issue a repairman certificate. Therefore, only an FS ASI may sign in the “FAA Signature” block and would enter their FAA office number in the “FAA Office/Designation No.” block.

Note: There is no requirement that an ASI or a designee enter their FAA mechanic certificate number on any of these forms as part of the airman certification process. The use and authority of the FAA mechanic certificate number is described in part 65 subpart D.

d. Application/Renewal of IA. Differences from current Volume 5, Chapter 5, Sections 7 and 8 are described below.

(1) When establishing an applicant’s qualifications for endorsement to take the IA test, the ASI is no longer required to enter “Endorsement expires in 30 days” in the remarks in block 12, since the new form includes the verbiage, “Expires in 30 Days,” below the Endorsement checkbox in item 14, Record of Action.

(2) Applicants may not retest under § 65.19 after a failed test attempt. An IA applicant must wait until 90 days after the test failure before reapplying (i.e., make an application on FAA Form 8610-1) for the authorization, as required by § 65.91.

(3) Use the following form samples, located in the appendices of this notice, in place of existing references to, or samples/examples of, the former version of FAA Form 8610-1:

- Sample FAA Form 8610-1, Showing Inspection Authorization (IA) Initial Application, Test Endorsement, and Initial Issuance (Appendix B).
- Sample FAA Form 8610-1, Showing Recent Issuance Renewal, By Progressive Inspection (Appendix C).
- Sample FAA Form 8610-1, Showing Renewal By An Activity In § 65.93(a)(1)–(3) (Appendix D).
- Sample FAA Form 8610-1, Showing Renewal By a Refresher Course and an Oral Test In § 65.93(a)(4)–(5) (Appendix E).
- Sample FAA Form 8610-1, Showing Voluntary Surrender of an Inspection Authorization (IA) (Appendix F).

e. Revised FAA Form 8610-2. Differences from existing guidance are described below, as applicable to mechanic and parachute rigger certificates.

(1) Authorizing Testing Under § 65.80. When authorizing testing under § 65.80, the reviewing ASI will complete blocks D1 through D4. The ASI must enter an expiration date that is prior to the anticipated graduation date shown in block C6 of the application. The § 65.80 authorization expires on the AMTS student's date of graduation/completion of the AMTS program (i.e., the date the AMTS places on the graduation documentation issued under part 147, § 147.21).

(2) FAA Examiner's Report. This section is to be used by FAA personnel, including qualified FAA employees and designees, as authorized in FAA guidance. The appropriate blocks of this section should be checked to indicate actions taken by the examiner after either testing the applicant or examining the applicant's papers.

(3) FAA Office/Designation No. In the "FAA Office/Designation No." block, authorized FS personnel will enter their responsible Flight Standards office identifier. Designees will enter their designation number.

(4) Attachments. This section is to be used by FAA personnel or the applicant, to indicate attachments to the application.

(5) Applicant Identification (ID). This section may be used by FAA personnel to annotate the applicant's ID that was provided/verified during the certification process. The applicant's telephone number and email address are not required, but are requested to assist in contacting the applicant should there be any issues with the application or with issuance of the permanent certificate. As stated in the form instructions, direct the applicant to enter "NONE" in these blocks if they do not provide this information.

Note: This information may also be annotated in the Remarks block.

(6) FAA File Review. This section must be completed by the responsible Flight Standards office if the certification was completed by someone other than an FS ASI (e.g., certifications conducted by a DME). The file review may be completed by any FAA personnel authorized by the responsible Flight Standards office and must be completed prior to sending the package to the AFB-720.

(7) Voluntary Surrender of a Mechanic/Parachute Rigger Certificate/Rating. If an airman voluntarily surrenders a certificate or rating, the airman may not be reissued the certificate or rating unless the appropriate tests, as prescribed by part 65, are retaken and passed. There are two types of voluntary surrender: voluntary surrender for cancellation, and voluntary surrender for downgrade.

(a) Voluntary Surrender for Cancellation. When an airman voluntarily surrenders a certificate for cancellation to a responsible Flight Standards office, that office will request that the airman complete and sign a statement indicating the surrender. Refer to FAA Order 8900.1, Volume 5, Chapter 7, Section 3, Figure 5-230, Voluntary Surrender for Cancellation. The ASI accepting the certificate for cancellation must complete the “acknowledgement of acceptance and coordination” and then forward the document and surrendered certificate to AFB-720.

Note: An airman who must surrender a certificate and/or rating as a result of an order of suspension must follow the instructions provided in the order of suspension, and is not required to complete the voluntary surrender statement discussed above.

(b) Voluntary Surrender for Downgrade. When an airman voluntarily surrenders a rating on their certificate to a responsible Flight Standards office, the office will request that the airman fill out and sign a statement indicating the surrender. See Appendix N, Sample Voluntary Surrender for Downgrade of a Certificate. The ASI accepting the certificate for cancellation must complete the acknowledgement of acceptance and coordination and must then issue a temporary airman certificate to the airman for the remaining rating(s) held, as follows:

1. Have the airman complete FAA Form 8610-2 as follows (see Appendix O, Sample FAA Form 8610-2, Certificate Reissuance After Voluntary Surrender for Downgrade of a Mechanic Certificate):

- Mark “Other” and enter “Reissuance after downgrade” or similar verbiage.
- Mark the appropriate certificate type block (i.e., Mechanic or Parachute Rigger).
- Mark the block for the rating still held by the airman.
- Complete section I in its entirety, as directed by the form instructions.
- Answer the eligibility questions in the “Applicant’s Certification” section on page 2, and sign and date.

2. The ASI must complete the following:

- In the remarks block, enter the following or similarly worded information: “The airman voluntarily surrendered a [enter name of surrendered rating] rating and was issued a temporary airman certificate for the rating still held. A statement of surrender provided by the airman and the surrendered certificate are attached.”
- Complete the FAA Examiner’s Report as appropriate.

- Mark the Attachments section as appropriate, to indicate the attachment of the temporary airman certificate and the “Other” attachments referenced in the remarks block.

3. The responsible Flight Standards office must forward the completed FAA Form 8610-2, the statement of surrender completed by the airman, and the superseded certificate to AFB-720.

(8) Sample Forms. Use the following form samples, located in the appendices of this notice, in place of existing references to, or samples/examples of, the former version of FAA Form 8610-2:

- Sample FAA Form 8610-2, Application Based on Graduation From an AMTS (Appendix G).
- Sample FAA Form 8610-2, Application for Testing Under § 65.80 (Appendix H).
- Sample FAA Form 8610-2, Authorization to Test Based on a Combination of Civil and Military Experience (Appendix I).
- Sample FAA Form 8610-2, Application Based on Graduation From JSAMTCC Program (Appendix J).
- Sample FAA Form 8610-2, Application for a Senior Parachute Rigger Certificate (Appendix K).
- Sample FAA Form 8610-2, Application for a Master Parachute Rigger Certificate (Appendix L).
- Sample FAA Form 8610-2, Application for Name, Date of Birth, and Nationality Change (Appendix M).
- Sample Voluntary Surrender Statement for Downgrade of a Certificate (Appendix N).
- Sample FAA Form 8610-2, Certificate Reissuance After Voluntary Surrender for Downgrade of a Mechanic Certificate (Appendix O).

Note: FAA Form 8060-4 must be issued for all applications for certificate issuance. An original FAA Form 8060-4 is provided to the airman, and a copy is sent to AFB-720 as a part of the certification file. Sample FAA Forms 8060-4 remain unchanged from previous guidance and are not included in this notice.

f. New FAA Form 8610-3. The differences from the current guidance applicable to all repairman certificate applications are described below.

(1) New Form. All references to making an application for a repairman certificate using FAA Form 8610-2 can be replaced with reference to FAA Form 8610-3. With the exception of how to complete the application form, the process for certificating repairmen remains the same.

(2) Application Purpose. The top of the form contains check boxes to indicate the purpose of the application being made. Ensure the applicant checks the appropriate blocks to indicate the purpose of the application (i.e., Original Issuance, Added Rating/Privileges, or Other), and the type of repairman certificate being requested. A separate application should be made for each repairman certificate type requested.

(3) Section I, Applicant Information. All blocks in this section must be completed by the applicant using the instructions found in the supplemental information pages of the form.

(4) Section II, Application Basis. The form has dedicated blocks for the applicant to enter the required information specific to each type of repairman certificate being requested. Ensure the applicant checks and completes the appropriate blocks for the type of repairman certificate being requested, as directed in the form instructions.

(5) Section III, Record of Experience or Training. This section applies to § 65.101 repairman applicants only. When evaluating the application, ensure the applicant has the required experience or training, applicable to the rating(s) requested.

(6) Section IV, Applicant's Certification (Page 1). This section must be completed by the applicant at the time of application.

(7) Section V, Applicant's Certification (Page 2). If the certificate is issued on a date other than what is shown in section IV (on page 1), this section must be completed by the applicant at the time of issuance of the temporary airman certificate. This is to ensure that the applicant is eligible for the certificate requested on the date the temporary airman certificate is issued, after answering the questions under A and B of this section of the form.

(8) Section VI, FAA Examiner's Report. This section is to be used by FAA personnel, including qualified FAA employees and designees, as authorized in FAA guidance. The appropriate blocks of this section should be checked to indicate actions taken by the authorized FAA personnel after examining the applicant's papers.

(9) Remarks. Annotate additional attachments, dual citizenship, or other information related to the application, in this block.

(10) Attachments. This section is to be used by FAA personnel or the applicant, to indicate attachments to the application. Select "Other" when attachments are not listed in this block, and annotate the attachment(s) in the Remarks block.

(11) Applicant Identification (ID). This section may be used by FAA personnel to annotate the applicant's ID that was provided/verified during the certification process. The telephone number and email address are not required, but are requested to assist in contacting the applicant should there be any issues with the application or with issuance of the permanent certificate. As stated in the form instructions, direct the applicant to enter "NONE" in these blocks if they do not provide this information.

Note: This information may also be annotated in the Remarks block.

(12) FAA File Review. This section must be completed by the responsible Flight Standards office when the certification was completed by someone other than an FS ASI. The file review may be completed by any FAA personnel authorized by the responsible Flight Standards office and must be completed prior to sending the package to the AFB-720.

Note: Current guidance limits repairman certificate issuance to specified FS personnel; FAA designees are not authorized to issue repairman certificates.

(13) Sample Forms. Use the following form samples, located in the appendices of this notice, in place of existing references to, or samples/examples of, the former version of FAA Form 8610-2:

- Sample FAA Form 8610-3, Application for Repairman Certificate (§ 65.101) (Appendix P).
- Sample FAA Form 8610-3, Application for Experimental Aircraft Builder Repairman Certificate (§ 65.104) (Appendix Q).
- Sample FAA Form 8610-3, Application for Light-Sport Aircraft Repairman Certificate – Inspection Rating (§ 65.107) (Appendix R).
- Sample FAA Form 8610-3, Application for Light-Sport Aircraft Repairman Certificate – Maintenance Rating (§ 65.107) (Appendix S).

Note: FAA Form 8060-4 must be issued for all applications for certificate issuance. An original FAA Form 8060-4 is provided to the airman, and a copy is sent to AFB-720 as a part of the certification file. Sample FAA Forms 8060-4 remain unchanged from previous guidance and are not included in this notice.

8. Action.

a. ASIs, ASTs, and FS Designees. ASIs, ASTs, and FS designees who are performing airman certification duties must use the revised procedures outlined in this notice. Where procedures are not specified as being changed, current guidance should be used.

b. Office of Primary Responsibility (OPR). The OPR will incorporate this information into applicable areas of the guidance before this notice expires. Appendix A lists guidance that may need to be revised in order to consistently implement the information described in this notice. The OPR is responsible to determine the specific revisions needed (if any), and to identify any additional affected guidance, and revise as appropriate.

9. Disposition. We will incorporate the information in this notice into the applicable sections of FAA Order 8900.1 before this notice expires. Direct questions or comments concerning the information in this notice to AFS-300 at 202-267-1675, or via email at 9-AWA-AFS-300-Correspondence@faa.gov.



Caitlin Locke
Acting Deputy Executive Director, Flight Standards Service

Appendix A. Affected Guidance for Revision

Document Owner	Document Type	Document	Title
AFS-300 AFS-320	8900.1	V5 C5 S1	Introduction to Title 14 CFR Part 65
AFS-300 AFS-320	8900.1	V5 C5 S2	Certificate Airframe and/or Powerplant Mechanic/Added Rating
AFS-300 AFS-320	8900.1	V5 C5 S3	Certificate Foreign Applicants Located Outside the United States for Part 65 Mechanic Certificates/Ratings
AFS-300 AFS-320	8900.1	V5 C5 S4	Certificate Part 65 Repairman/Added Privileges
AFS-300 AFS-320	8900.1	V5 C5 S5	Repairman Certificate for Experimental Aircraft Builder Under 14 CFR § 65.104
AFS-300 AFS-320	8900.1	V5 C5 S6	Certificate Repairman for Light-Sport Aircraft (§ 65.107)
AFS-300 AFS-320	8900.1	V5 C5 S7	Evaluate a Part 65 Inspection Authorization
AFS-300 AFS-320	8900.1	V5 C5 S8	Renew a Part 65 Inspection Authorization
AFS-300 AFS-320	8900.1	V5 C5 S9	Certificate Part 65 Parachute Rigger/Added Rating
AFS-300 AFS-320	8900.1	V5 C2 S4	Integrated Airman Certification and Rating Application Process
AFS-900 AFS-910	8900.1	V14 C1 S3	Providing Compliance Program Explanation and Pilot's Bill of Rights Written Notification
AFS-300 AFS-320	AC	AC 65-2	Airframe and Powerplant Mechanics Certification Guide.
AFS-300 AFS-320	AC	AC 65-23	Certification of Repairmen (Experimental Aircraft Builders)
AFS-300 AFS-320	AC	AC 65-24	Certification of a Repairman (General)
AFS-300 AFS-320	AC	AC 65-30	Overview of the Aviation Maintenance Profession
AFS-300 AFS-320	AC	AC 65-32	Certification of a Repairman (Light-Sport Aircraft)

Document Owner	Document Type	Document	Title
AFS-300 AFS-320	Job Task Analysis (JTA)	Air Transportation (AT)/General Aviation (GA) 2.5.15	Conduct a Reexamination Test of a Mechanic, Parachute Rigger, or an Inspection Authorization
AFS-300 AFS-320	JTA	GA 3.1.20	Issue a Parachute Rigger Certificate or Added Rating
AFS-300 AFS-320	JTA	AT/GA 3.1.22	Issue an Airframe and/or Powerplant Mechanic Certificate or Added Rating
AFS-300 AFS-320	JTA	AT/GA 3.1.23	Issue a Repairman Certificate or Added Privilege
AFS-300 AFS-320	JTA	GA 3.1.24	Evaluate an Inspection Authorization
AFS-300 AFS-320	JTA	GA 3.1.25	Issue a Repairman Certificate to a 14 CFR Part 65 Experimental Aircraft Builder
AFS-300 AFS-320	JTA	AT/GA 3.1.58	Issue a Mechanic Certificate or Added Rating to a Foreign Applicant Located Outside the United States
AFS-300 AFS-320	JTA	GA 3.1.61	Renew an Inspection Authorization
AFS-300 AFS-320	Website	www.faa.gov	https://www.faa.gov/mechanics/become/
AFS-300 AFS-320	Website FAQ	www.faa.gov	https://www.faa.gov/faq/where-can-i-download-form-8610-2-airman-certificate-andor-rating-application-mechanics-0

Appendix B. Sample FAA Form 8610-1, Showing Inspection Authorization (IA) Initial Application, Test Endorsement, and Initial Issuance

OMB Control Number: 2120-0022

Expiration Date: 03/31/2025

TYPE OR PRINT ALL ENTRIES IN DARK INK

Mechanic's Application for Inspection Authorization (14 CFR Part 65)							
1. NAME (Last, First, Middle) Smith, Michael, David					2. MECHANIC CERTIFICATE NO. 1234577		
3. MAILING ADDRESS (Number/Street/PO Box, City, State, Zip Code) 123 Rose Crest Way Oklahoma City, OK 73170			4. FIXED BASE OF OPERATIONS (Address at which you may be located in person during normal working week) 11204 Facility Way Oklahoma City, OK, 74501		4a. TELEPHONE NUMBER (At which you may be contacted during a normal working week) 555-555-5554		
					4b. EMAIL ADDRESS (Enter email address or NONE) mds@email.com		
5. Do you hold a currently effective mechanic certificate with both airframe and powerplant ratings, and have each of those ratings been in effect for a total of at least 3 years? §65.91(c)(1)					YES	NO	
6. Have you been actively engaged, for at least the 2-year period before the date of application, in maintaining certificated aircraft in accordance with Title 14 CFR? §65.91(c)(2)					YES	NO	
7. Do you have available to you the equipment, facilities, and inspection data necessary to properly inspect airframes, powerplants, propellers, or any related part or appliance? §65.91(c)(4)					YES	NO	
8. Have you attempted the Inspection Authorization written test within 90 days previous to making this application? §65.91					YES	NO	
9. Have you met the minimum requirements for renewal of Inspection Authorization and documented your renewal basis in block 10. (FOR RENEWAL ONLY)					YES	NO	
10. BASIS FOR RENEWAL Refer to form instructions for activity recording requirements for renewal of Inspection Authorization.							
<input type="checkbox"/> RECENT ISSUANCE. Enter Date of Issuance _____ Enter date only if the recent issuance requirements of §65.93(b) apply, refer to Block 10 instructions.							
Instructions. Enter the # of each type of activity per renewal period.		§65.93(a)(1) ANNUAL INSP.	§65.93(a)(2) MAJOR REPAIRS	§65.93(a)(3) MAJOR ALTERS.	§65.93(a)(4) PROG. INSP.	§65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.	§65.93(a)(6) ORAL TEST Enter date tested
1 ST Year Renewal Period (Apr 1 st odd – Mar 31 st even)							
2 ND Year Renewal Period (Apr 1 st even – Mar 31 st odd)							
11. AIRCRAFT MAINTENANCE ACTIVITY DURING THE LAST 2 YEARS Continue activity on a separate sheet if needed.							
DATES (MM/YYYY)		FACILITY WHERE ACTIVITY PERFORMED (Employer Name, City, State)			DESCRIPTION OF ACTIVITY (Describe work performed, not job titles)		
FROM: 04/2018		Fixaplane, 11204 Facility Way			Conduct aircraft maintenance and inspections on		
TO: PRESENT		Oklahoma City, OK, 74501			single and multi-engine general aviation aircraft.		
FROM:							
TO:							
FROM:							
TO:							
12. REMARKS.							
13. 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, rating or inspection authorization to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.							
Applicant's Signature <i>Mike D. Smith</i>					Date (MM/DD/YYYY) 02/03/2022		
14. RECORD OF ACTION							
<input checked="" type="checkbox"/> ENDORSEMENT (Expires in 30 Days)		FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>			Date (MM/DD/YYYY) 02/03/2022		FAA Office/Designation No. <i>SW15</i>
<input checked="" type="checkbox"/> ISSUANCE		FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>			Date (MM/DD/YYYY) 02/24/2022		FAA Office/Designation No. <i>SW15</i>
<input type="checkbox"/> RENEWAL							
<input type="checkbox"/> VOLUNTARY SURRENDER							


Appendix C. Sample FAA Form 8610-1, Showing Recent Issuance Renewal by Progressive Inspection

Note: This application was processed entirely electronically. The applicant signed electronically by typing their name and the date in Block 13. The ASI approved and signed the renewal application using their FAA PIV card certificate.

OMB Control Number: 2120-0022

Expiration Date: 03/31/2025

TYPE OR PRINT ALL ENTRIES IN DARK INK

 Mechanic's Application for Inspection Authorization (14 CFR Part 65)																											
1. NAME (Last, First, Middle) Smith, Michael, David				2. MECHANIC CERTIFICATE NO. 1234577																							
3. MAILING ADDRESS (Number/Street/PO Box, City, State, Zip Code) 123 Rose Crest Way Oklahoma City, OK 73170		4. FIXED BASE OF OPERATIONS (Address at which you may be located in person during normal working week) 11204 Facility Way Oklahoma City, OK, 74501		4a. TELEPHONE NUMBER (At which you may be contacted during a normal working week) 555-555-5554																							
				4b. EMAIL ADDRESS (Enter email address or NONE) mds@email.com																							
5. Do you hold a currently effective mechanic certificate with both airframe and powerplant ratings, and have each of those ratings been in effect for a total of at least 3 years? § 65.91(c)(1)				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																							
6. Have you been actively engaged, for at least the 2-year period before the date of application, in maintaining certificated aircraft in accordance with Title 14 CFR? § 65.91(c)(2)				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																							
7. Do you have available to you the equipment, facilities, and inspection data necessary to properly inspect airframes, powerplants, propellers, or any related part or appliance? § 65.91(c)(4)				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																							
8. Have you attempted the Inspection Authorization written test within 90 days previous to making this application? § 65.91				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																							
9. Have you met the minimum requirements for renewal of Inspection Authorization and documented your renewal basis in block 10. (FOR RENEWAL ONLY)				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																							
10. BASIS FOR RENEWAL Refer to form instructions for activity recording requirements for renewal of Inspection Authorization.																											
<input checked="" type="checkbox"/> RECENT ISSUANCE. Enter Date of Issuance 02/24/2022 Enter date only if the recent issuance requirements of § 65.93(b) apply, refer to Block 10 instructions.																											
<table border="1"> <thead> <tr> <th>Instructions. Enter the # of each type of activity per renewal period.</th> <th>§ 65.93(a)(1) ANNUAL INSP.</th> <th>§ 65.93(a)(2) MAJOR REPAIRS</th> <th>§ 65.93(a)(3) MAJOR ALTERS.</th> <th>§ 65.93(a)(4) PROG. INSP.</th> <th>§ 65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.</th> <th>§ 65.93(a)(6) ORAL TEST Enter date tested</th> </tr> </thead> <tbody> <tr> <td>1st Year Renewal Period (Apr 1st odd – Mar 31st even)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd Year Renewal Period (Apr 1st even – Mar 31st odd)</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> </tr> </tbody> </table>							Instructions. Enter the # of each type of activity per renewal period.	§ 65.93(a)(1) ANNUAL INSP.	§ 65.93(a)(2) MAJOR REPAIRS	§ 65.93(a)(3) MAJOR ALTERS.	§ 65.93(a)(4) PROG. INSP.	§ 65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.	§ 65.93(a)(6) ORAL TEST Enter date tested	1 st Year Renewal Period (Apr 1 st odd – Mar 31 st even)							2 nd Year Renewal Period (Apr 1 st even – Mar 31 st odd)				1		
Instructions. Enter the # of each type of activity per renewal period.	§ 65.93(a)(1) ANNUAL INSP.	§ 65.93(a)(2) MAJOR REPAIRS	§ 65.93(a)(3) MAJOR ALTERS.	§ 65.93(a)(4) PROG. INSP.	§ 65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.	§ 65.93(a)(6) ORAL TEST Enter date tested																					
1 st Year Renewal Period (Apr 1 st odd – Mar 31 st even)																											
2 nd Year Renewal Period (Apr 1 st even – Mar 31 st odd)				1																							
11. AIRCRAFT MAINTENANCE ACTIVITY DURING THE LAST 2 YEARS Continue activity on a separate sheet if needed.																											
DATES (MM/YYYY)		FACILITY WHERE ACTIVITY PERFORMED (Employer Name, City, State)			DESCRIPTION OF ACTIVITY (Describe work performed, not job titles)																						
FROM: 04/2018		Fixaplane, 11204 Facility Way Oklahoma City, OK, 74501			Conduct aircraft maintenance and inspections on single and multi-engine general aviation aircraft.																						
TO: PRESENT																											
FROM:																											
TO:																											
FROM:																											
TO:																											
12. REMARKS.																											
13. 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, rating or inspection authorization to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.																											
Applicant's Signature Michael D. Smith					Date (MM/DD/YYYY) 03/14/2023																						
14. RECORD OF ACTION																											
<input type="checkbox"/> ENDORSEMENT (Expires in 30 Days)		FAA Signature (Print Name and Sign)			Date (MM/DD/YYYY)																						
<input type="checkbox"/> ISSUANCE		FAA Signature (Print Name and Sign)			Date (MM/DD/YYYY)																						
<input checked="" type="checkbox"/> RENEWAL		Francis A. Adams			03/16/2023																						
<input type="checkbox"/> VOLUNTARY SURRENDER		Digitally signed by Francis A Adams Date: 2023.03.16 09:36:44 -06'00'			FAA Office/Designation No. SW-15																						

Appendix D. Sample FAA Form 8610-1, Showing Renewal by an Activity in § 65.93(a)(1)–(3)

OMB Control Number: 2120-0022
Expiration Date: 03/31/2025

TYPE OR PRINT ALL ENTRIES IN DARK INK


Mechanic's Application for Inspection Authorization (14 CFR Part 65)					
1. NAME (Last, First, Middle) Martin, Haley, Anita		2. MECHANIC CERTIFICATE NO. 1234567			
3. MAILING ADDRESS (Number/Street/PO Box, City, State, Zip Code) 456 Rose Crest Circle Oklahoma City, OK 73170		4. FIXED BASE OF OPERATIONS (Address at which you may be located in person during normal working week) 11204 Facility Way Oklahoma City, OK, 74501			
		4a. TELEPHONE NUMBER (At which you may be contacted during a normal working week) 555-555-5555			
		4b. EMAIL ADDRESS (Enter email address or NONE) ham@email.com			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> </table>		YES	NO
	YES	NO			
5. Do you hold a currently effective mechanic certificate with both airframe and powerplant ratings, and have each of those ratings been in effect for a total of at least 3 years? § 65.91(c)(1)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;"></td> </tr> </table>		X	
	X				
6. Have you been actively engaged, for at least the 2-year period before the date of application, in maintaining certificated aircraft in accordance with Title 14 CFR? § 65.91(c)(2)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;"></td> </tr> </table>		X	
	X				
7. Do you have available to you the equipment, facilities, and inspection data necessary to properly inspect airframes, powerplants, propellers, or any related part or appliance? § 65.91(c)(4)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;"></td> </tr> </table>		X	
	X				
8. Have you attempted the Inspection Authorization written test within 90 days previous to making this application? § 65.91		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;"></td> <td style="width: 10%; text-align: center;">X</td> </tr> </table>			X
		X			
9. Have you met the minimum requirements for renewal of Inspection Authorization and documented your renewal basis in block 10. (FOR RENEWAL ONLY)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;"></td> </tr> </table>		X	
	X				
10. BASIS FOR RENEWAL Refer to form instructions for activity recording requirements for renewal of Inspection Authorization.					
<input type="checkbox"/> RECENT ISSUANCE. Enter Date of Issuance _____ Enter date only if the recent issuance requirements of § 65.93(b) apply, refer to Block 10 instructions.					
Instructions. Enter the # of each type of activity per renewal period.	§ 65.93(a)(1) ANNUAL INSP.	§ 65.93(a)(2) MAJOR REPAIRS MAJOR ALTERS.			
	§ 65.93(a)(3) PROG. INSP.	§ 65.93(a)(4) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.			
1 st Year Renewal Period (Apr 1 st odd – Mar 31 st even)	4				
2 nd Year Renewal Period (Apr 1 st even – Mar 31 st odd)		2 6			
11. AIRCRAFT MAINTENANCE ACTIVITY DURING THE LAST 2 YEARS Continue activity on a separate sheet if needed.					
DATES (MM/YYYY)	FACILITY WHERE ACTIVITY PERFORMED (Employer Name, City, State)	DESCRIPTION OF ACTIVITY (Describe work performed, not job titles)			
FROM: 04/2016 TO: PRESENT	Fixaplane LLC, 11204 Facility Way Oklahoma City, OK, 74501	Conduct aircraft maintenance and inspections on single and multi-engine general aviation aircraft.			
FROM:					
TO:					
FROM:					
TO:					
12. REMARKS.					
13. 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, rating or inspection authorization to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.					
Applicant's Signature <i>Haley A. Martin</i>		Date (MM/DD/YYYY) 03/01/2023			
14. RECORD OF ACTION					
<input type="checkbox"/> ENDORSEMENT (Expires in 30 Days)	FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>	Date (MM/DD/YYYY) 03/20/2023			
<input checked="" type="checkbox"/> ISSUANCE <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> VOLUNTARY SURRENDER	FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>	Date (MM/DD/YYYY) 03/20/2023			
		FAA Office/Designation No. SW-FSDO-15			

Appendix E. Sample FAA Form 8610-1, Showing Renewal by a Refresher Course and an Oral Test in § 65.93(a)(4)–(5)

OMB Control Number: 2120-0022

Expiration Date: 03/31/2025

TYPE OR PRINT ALL ENTRIES IN DARK INK

 Mechanic's Application for Inspection Authorization (14 CFR Part 65)						
1. NAME (Last, First, Middle) Martin, Haley, Anita				2. MECHANIC CERTIFICATE NO. 1234567		
3. MAILING ADDRESS (Number/Street/PO Box, City, State, Zip Code) Rose Crest Circle Oklahoma City, OK 73170		4. FIXED BASE OF OPERATIONS (Address at which you may be located in person during normal working week) 2001 Aerospace Ave. Midway, OK, 74851		4a. TELEPHONE NUMBER (At which you may be contacted during a normal working week) 555-555-5555		
				4b. EMAIL ADDRESS (Enter email address or NONE) ham@email.com		
5. Do you hold a currently effective mechanic certificate with both airframe and powerplant ratings, and have each of those ratings been in effect for a total of at least 3 years? § 65.91(c)(1)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
6. Have you been actively engaged, for at least the 2-year period before the date of application, in maintaining certificated aircraft in accordance with Title 14 CFR? § 65.91(c)(2)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
7. Do you have available to you the equipment, facilities, and inspection data necessary to properly inspect airframes, powerplants, propellers, or any related part or appliance? § 65.91(c)(4)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
8. Have you attempted the Inspection Authorization written test within 90 days previous to making this application? § 65.91						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
9. Have you met the minimum requirements for renewal of Inspection Authorization and documented your renewal basis in block 10. (FOR RENEWAL ONLY)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
10. BASIS FOR RENEWAL Refer to form instructions for activity recording requirements for renewal of Inspection Authorization.						
<input checked="" type="checkbox"/> RECENT ISSUANCE. Enter Date of Issuance Enter date only if the recent issuance requirements of § 65.93(b) apply, refer to Block 10						
Instructions. Enter the # of each type of activity per renewal period.	§ 65.93(a)(1) ANNUAL INSP.	§ 65.93(a)(2) MAJOR REPAIRS	§ 65.93(a)(3) MAJOR ALTERS.	§ 65.93(a)(4) PROG. INSP.	§ 65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.	§ 65.93(a)(5) ORAL TEST Enter date tested
1 ST Year Renewal Period (Apr 1 st odd – Mar 31 st even)						03/28/2024
2 ND Year Renewal Period (Apr 1 st even – Mar 31 st odd)					8 Hours Total: Course No. ALC-290, Blue Tuna, .5 Hour, January 16, 2025; Course No. ALC-230, Gleim Pub Inc., 1 Hour, February 1, 2025; See Remarks block 12 for additional courses completed.	
11. AIRCRAFT MAINTENANCE ACTIVITY DURING THE LAST 2 YEARS Continue activity on a separate sheet if needed.						
DATES (MM/YYYY)	FACILITY WHERE ACTIVITY PERFORMED (Employer Name, City, State)			DESCRIPTION OF ACTIVITY (Describe work performed, not job titles)		
FROM: 01/2024	Air-N-Space Inc., 2001 Aerospace Ave. Midway, OK, 74851			Supervise and conduct aircraft maintenance and inspections on single and multi-engine general aviation aircraft.		
TO: PRESENT						
FROM: 04/2016	Fixaplane LLC, 11204 Facility Way Oklahoma City, OK, 74501			Conduct aircraft maintenance and inspections on single and multi-engine general aviation aircraft.		
TO: 01/2024						
FROM:						
TO:						
12. REMARKS. Course No. ALC-414, Embry Riddle, 1 Hour, February 7, 2025; Course No. ALC-298, Rolls-Royce Corp, 0.5 Hour, February 18, 2025; Course No. ALC-790, SocialFlight, 1 Hour, February 25, 2025; Course No. C-IND-IM-170830-K-010-002, ARSA, 1 Hour, February 29, 2025; Course No. C-IND-IM-160310-K-006-001, Dallas Airmotive Inc., 1 Hour, March 1, 2025; Course No. ALC-180, FAASTeam, 1 Hour, March 5, 2025; Course No. ALC-67, FAASTeam, 1 Hour, March 6, 2025.						
13. 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, rating or inspection authorization to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.						
Applicant's Signature <i>Haley A. Martin</i>					Date (MM/DD/YYYY) 03/07/2025	
14. RECORD OF ACTION						
<input type="checkbox"/> ENDORSEMENT (Expires in 30 Days)	FAA Signature (Print Name and Sign) 			Date (MM/DD/YYYY)	FAA Office/Designation No.	
<input checked="" type="checkbox"/> RENEWAL	FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>			Date (MM/DD/YYYY) 03/14/2025	FAA Office/Designation No. SW15	
<input type="checkbox"/> VOLUNTARY SURRENDER						

Appendix F. Sample FAA Form 8610-1, Showing Voluntary Surrender of an Inspection Authorization (IA)

OMB Control Number: 2120-0022
Expiration Date: 03/31/2025


TYPE OR PRINT ALL ENTRIES IN DARK INK

Mechanic's Application for Inspection Authorization (14 CFR Part 65)																							
1. NAME (Last, First, Middle) Smith, Michael, David		2. MECHANIC CERTIFICATE NO. 1234577																					
3. MAILING ADDRESS (Number/Street/PO Box, City, State, Zip Code) 123 Rose Crest Way Oklahoma City, OK 73170		4. FIXED BASE OF OPERATIONS (Address at which you may be located in person during normal working week)																					
		4a. TELEPHONE NUMBER (At which you may be contacted during a normal working week)																					
		4b. EMAIL ADDRESS (Enter email address or NONE)																					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO																		
	YES	NO																					
5. Do you hold a currently effective mechanic certificate with both airframe and powerplant ratings, and have each of those ratings been in effect for a total of at least 3 years? §65.91(c)(1)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO																		
	YES	NO																					
6. Have you been actively engaged, for at least the 2-year period before the date of application, in maintaining certificated aircraft in accordance with Title 14 CFR? §65.91(c)(2)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO																		
	YES	NO																					
7. Do you have available to you the equipment, facilities, and inspection data necessary to properly inspect airframes, powerplants, propellers, or any related part or appliance? §65.91(c)(4)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO																		
	YES	NO																					
8. Have you attempted the Inspection Authorization written test within 90 days previous to making this application? §65.91		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO																		
	YES	NO																					
9. Have you met the minimum requirements for renewal of Inspection Authorization and documented your renewal basis in block 10. (FOR RENEWAL ONLY)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO																		
	YES	NO																					
10. BASIS FOR RENEWAL Refer to form instructions for activity recording requirements for renewal of Inspection Authorization.																							
<input type="checkbox"/> RECENT ISSUANCE. Enter Date of Issuance Enter date only if the recent issuance requirements of §65.93(b) apply, refer to Block 10 instructions.																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"> Instructions. Enter the # of each type of activity per renewal period. </td> <td style="width: 10%;"> §65.93(a)(1) ANNUAL INSP. </td> <td style="width: 10%;"> §65.93(a)(2) MAJOR REPAIRS </td> <td style="width: 10%;"> §65.93(a)(3) MAJOR ALTERS. </td> <td style="width: 10%;"> §65.93(a)(4) PROG. INSP. </td> <td style="width: 45%;"> §65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed. </td> <td style="width: 10%;"> §65.93(a)(5) ORAL TEST Enter date tested </td> </tr> <tr> <td>1ST Year Renewal Period (Apr 1st odd – Mar 31st even)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2ND Year Renewal Period (Apr 1st even – Mar 31st odd)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Instructions. Enter the # of each type of activity per renewal period.	§65.93(a)(1) ANNUAL INSP.	§65.93(a)(2) MAJOR REPAIRS	§65.93(a)(3) MAJOR ALTERS.	§65.93(a)(4) PROG. INSP.	§65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.	§65.93(a)(5) ORAL TEST Enter date tested	1 ST Year Renewal Period (Apr 1 st odd – Mar 31 st even)							2 ND Year Renewal Period (Apr 1 st even – Mar 31 st odd)						
Instructions. Enter the # of each type of activity per renewal period.	§65.93(a)(1) ANNUAL INSP.	§65.93(a)(2) MAJOR REPAIRS	§65.93(a)(3) MAJOR ALTERS.	§65.93(a)(4) PROG. INSP.	§65.93(a)(5) REFRESHER COURSE FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed.	§65.93(a)(5) ORAL TEST Enter date tested																	
1 ST Year Renewal Period (Apr 1 st odd – Mar 31 st even)																							
2 ND Year Renewal Period (Apr 1 st even – Mar 31 st odd)																							
11. AIRCRAFT MAINTENANCE ACTIVITY DURING THE LAST 2 YEARS Continue activity on a separate sheet if needed.																							
DATES (MM/YYYY)	FACILITY WHERE ACTIVITY PERFORMED (Employer Name, City, State)	DESCRIPTION OF ACTIVITY (Describe work performed, not job titles)																					
FROM:																							
TO: PRESENT																							
FROM:																							
TO:																							
FROM:																							
TO:																							
12. REMARKS. I am voluntarily surrendering my inspection authorization.																							
13. 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, rating or inspection authorization to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.																							
Applicant's Signature <i>Mike D. Smith</i>		Date (MM/DD/YYYY) 08/28/2024																					
14. RECORD OF ACTION																							
<input type="checkbox"/> ENDORSEMENT (Expires in 30 Days)	FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>	Date (MM/DD/YYYY) 08/28/2024																					
<input type="checkbox"/> ISSUANCE <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> VOLUNTARY SURRENDER	FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>	Date (MM/DD/YYYY) 08/28/2024																					
		FAA Office/Designation No. SW15																					

Appendix G. Sample FAA Form 8610-2, Application Based on Graduation From an AMTS

TYPE OR PRINT ALL ENTRIES IN DARK INK

EXPIRATION DATE: 03/31/2023



Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)

☒ ORIGINAL ISSUANCE
☐ ADDED RATING
☐ OTHER _____

☒ MECHANIC
☒ Airframe
☒ Powerplant

☐ PARACHUTE RIGGER
☐ SENIOR
☐ MASTER

☐ Seat ☐ Chest
☐ Back ☐ Lap

I. APPLICANT INFORMATION

A. Name (Last, First, Middle) Grimes, Lucas, Damian		B. Date of Birth (MM/DD/YYYY) 12/22/2000	C. Place of Birth (City and State) or (City and Country) River Bend, MN
D. Height (Inches) 71	E. Weight (Pounds) 160	F. Hair Color (spell out) Brown	G. Eye Color (spell out) Blue
H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
J1. Physical Location/Address (Required) <input checked="" type="checkbox"/> Directions are attached. 282 Underhill Circle Lost Place, IA 55555		J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.	
K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____			
L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____			

II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.

A. MECHANIC - CIVIL EXPERIENCE			
B. MECHANIC - MILITARY EXPERIENCE B1. Military Service (Branch): _____ B2. Military Rank/Grade: _____ B3. Military Specialty Code(s): _____			
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		B5. Completion Date (MM/DD/YYYY) _____ B6. JSAMTCC Certificate Control No. _____	
<input checked="" type="checkbox"/> C. MECHANIC – GRADUATE OF AN APPROVED COURSE C1. Select Basis: <input checked="" type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT			
C2. AMTS Certificate Number X13T1234	C3. AMTS Name School of Aviation Mechanic Training		C4. AMTS Location (City, State) Lost Place, IA
C5. AMTS Curriculum Graduated: <input checked="" type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80) 05/05/2022	
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign) _____	
<input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY) _____	D2. Date Auth. Expires (MM/DD/YYYY) _____
		D3. FAA Signature (Print Name and Sign) _____	
		D4. FAA Office/Design. No. _____	
E. PARACHUTE RIGGER E1. Number of Parachutes Packed Seat _____ Chest _____ Back _____ Lap _____			
E2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger			

III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. ☐ Mark this box if separate sheet attached for additional experience.

1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)

IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.

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. I have also read and understand the Privacy Act statement that accompanies this form.

Applicant's Signature <i>LucD Grimes</i>	Date (MM/DD/YYYY) 08/16/2022
---	--

V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.

FAA Signature (Print Name and Sign) _____	Date (MM/DD/YYYY) _____	FAA Office/Designation No. _____
---	-------------------------	----------------------------------

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Grimes, Lucas, Damian	Date of Birth (MM/DD/YYYY): 12/22/2000	Certificate Number (if any):
--	---	------------------------------

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/17/2024	<input type="checkbox"/> FAIL	TYPE	SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Question Number					BACK	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/17/2024	<input type="checkbox"/> FAIL		CHEST	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Project Number					LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
II. AIRFRAME STRUCTURES							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/17/2024	<input type="checkbox"/> FAIL	PARACHUTE SEAL SYMBOL ASSIGNED:			
Question Number				REMARKS			
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/17/2024	<input type="checkbox"/> FAIL				
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/17/2024	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/17/2024	<input type="checkbox"/> FAIL				
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL				
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS							
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL				
Project Number							

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked?		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
B. 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?		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____
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 a 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. I have also read and understand the Privacy Act statement that accompanies this form.		
Applicant's Signature <i>LucDGrimes</i>		Date (MM/DD/YYYY) 08/17/2022

FAA EXAMINER'S REPORT

I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:		
<input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED <input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign) Dana M. Eval	Date (MM/DD/YYYY) 08/17/2022	FAA Office/Designation No. DME 987654
I have examined this applicant's papers and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued)		
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.

ATTACHMENTS

<input checked="" type="checkbox"/> Knowledge Test Report(s) (2)	<input checked="" type="checkbox"/> Temporary Certificate
<input checked="" type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input checked="" type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other see Remarks block

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID	Drivers License	State or Country	Iowa (IA)
ID Number	1234567	Expiration Date	12/22/2026
Telephone No	555-555-5555	Email Address	ldgmech@gmail.com

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign) Francis A. Adams	Date (MM/DD/YYYY) 09/07/2022	FAA Office SW15
---	---------------------------------	--------------------

Appendix H. Sample FAA Form 8610-2, Application for Testing Under § 65.80

Note: This example shows a 14 CFR part 65, § 65.80 application at the time of issuance of the temporary airman certificate. The applicant completed and passed the oral and practical tests on 04/01/2023. At that time, the application form was sent to AFB-720 showing the applicant's oral and practical test results. After graduating from the AMTS, the applicant completed and passed the powerplant knowledge test; then the applicant returned to the FAA on 05/08/2022 for issuance of the certificate.

OMB Control Number: 2120-0022

Expiration Date: 03/31/2025

TYPE OR PRINT ALL ENTRIES IN DARK INK

Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)			
<input type="checkbox"/> ORIGINAL ISSUANCE		<input checked="" type="checkbox"/> MECHANIC	
<input checked="" type="checkbox"/> ADDED RATING		<input type="checkbox"/> PARACHUTE RIGGER	
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> SENIOR <input type="checkbox"/> Seat <input type="checkbox"/> Chest	
		<input type="checkbox"/> MASTER <input type="checkbox"/> Back <input type="checkbox"/> Lap	
<input type="checkbox"/> Airframe		<input checked="" type="checkbox"/> Powerplant	
I. APPLICANT INFORMATION			
A. Name (Last, First, Middle) Grimes, Lucas, Damian		B. Date of Birth (MM/DD/YYYY) 12/22/2000	
C. Place of Birth (City and State) or (City and Country) River Bend, MN			
D. Height (Inches) 71	E. Weight (Pounds) 168	F. Hair Color (spell out) Brown	G. Eye Color (spell out) Blue
H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
J1. Physical Location/Address (Required) <input checked="" type="checkbox"/> Directions are attached. 282 Underhill Circle Lost Place, IA 55555		J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.	
K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: Mechanic 24681357		L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____			
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.			
<input type="checkbox"/> A. MECHANIC - CIVIL EXPERIENCE			
<input type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE B1. Military Service (Branch): B2. Military Rank/Grade: B3. Military Specialty Code(s):			
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant B5. Completion Date (MM/DD/YYYY) B6. JSAMTCC Certificate Control No.			
<input checked="" type="checkbox"/> C. MECHANIC – GRADUATE OF AN APPROVED COURSE C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input checked="" type="checkbox"/> AMTS § 65.80 APPLICANT			
C2. AMTS Certificate Number X13T1234		C3. AMTS Name School of Aviation Mechanic Training	
C4. AMTS Location (City, State) Lost Place, IA			
C5. AMTS Curriculum Graduated: <input type="checkbox"/> Airframe <input checked="" type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80) 05/05/2023	
C7. <input checked="" type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign) Alexis M. Tinn-Smith Alexis M. Tinn-Smith	
C9. Date (MM/DD/YYYY) 03/23/2023			
<input checked="" type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY) 03/24/2023	
D2. Date Auth. Expires (MM/DD/YYYY) 05/04/2023		D3. FAA Signature (Print Name and Sign) Francis A. Adams Francis A. Adams	
D4. FAA Office/Desig. No. SW15			
<input type="checkbox"/> E. PARACHUTE RIGGER			
E1. Number of Parachutes Packed Seat _____ Chest _____ Back _____ Lap _____			
E2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger			
III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience.			
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.			
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. I have also read and understand the Privacy Act statement that accompanies this form.			
Applicant's Signature Luc D Grimes		Date (MM/DD/YYYY) 03/23/2023	
V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.			
FAA Signature (Print Name and Sign)		Date (MM/DD/YYYY)	
		FAA Office/Designation No.	

2/13/23

N 8900.651
Appendix H

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Grimes, Lucas, Damian	Date of Birth (MM/DD/YYYY): 12/22/2000	Certificate Number (if any): Mechanic 24681357
--	---	---

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
II. AIRFRAME STRUCTURES							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test		<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 04/01/2025		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 04/01/2025		<input type="checkbox"/> FAIL		
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS							
Oral Test		<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 04/01/2025		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 04/01/2025		<input type="checkbox"/> FAIL		
Project Number							

PARACHUTE SEAL SYMBOL ASSIGNED:			
REMARKS			

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
B. 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?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES, Date of Final Conviction: _____
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 a 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. I have also read and understand the Privacy Act statement that accompanies this form.			
Applicant's Signature <i>LucDGrimes</i>			Date (MM/DD/YYYY) 05/08/2023

FAA EXAMINER'S REPORT

I have <u>tested this applicant</u> in accordance with pertinent procedures and standards and I have indicated the result as:			
<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input checked="" type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input checked="" type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED	<input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign) <i>Dana M. Eval</i> <i>DanaM Eval</i>		Date (MM/DD/YYYY) 04/01/2023	FAA Office/Designation No. <i>DME987654</i>
I have <u>examined this applicant's papers</u> and I have indicated the result as: <input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)			
FAA Signature (Print Name and Sign) <i>Francis A. Adams</i> <i>Francis A. Adams</i>		Date (MM/DD/YYYY) 05/08/2023	FAA Office/Designation No. <i>SWIS</i>

ATTACHMENTS

<input checked="" type="checkbox"/> Knowledge Test Report(s) <i>(1)</i>	<input type="checkbox"/> Temporary Certificate
<input checked="" type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <u>see Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID <i>Drivers License</i>	State or Country <i>Iowa (IA)</i>
ID Number <i>1234567</i>	Expiration Date <i>12/12/2026</i>
Telephone No <i>555-555-5555</i>	Email Address <i>ldgmech@gmail.com</i>

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
--	-------------------	------------

Appendix I. Sample FAA Form 8610-2, Authorization to Test Based on a Combination of Civil and Military Experience

Note: This application was processed electronically for the test authorization. The applicant signed electronically by typing their name in Section IV. The ASI approved and signed in Section V using their FAA PIV card certificate. The applicant had to print the document and provide 2 copies to the DME to complete the testing process.

TYPE OR PRINT ALL ENTRIES IN DARK INK				Expiration Date: 03/31/2025	
Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)					
<input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING <input type="checkbox"/> OTHER _____		<input checked="" type="checkbox"/> MECHANIC <input checked="" type="checkbox"/> Airframe <input checked="" type="checkbox"/> Powerplant		<input type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> SENIOR <input type="checkbox"/> MASTER <input type="checkbox"/> Seat <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Lap	
I. APPLICANT INFORMATION					
A. Name (Last, First, Middle) Connor, Sara, Jean		B. Date of Birth (MM/DD/YYYY) 07/19/1990		C. Place of Birth (City and State) or (City and Country) Moosejaw, Canada	
D. Height (Inches) 64	E. Weight (Pounds) 125	F. Hair Color (spell out) Black	G. Eye Color (spell out) Brown	H. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	I. Citizenship / Nationality <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other: Canada
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 2485 Island Drive Farmington, UT 84025		J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.		K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____	
				L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
				M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____					
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.					
<input checked="" type="checkbox"/> A. MECHANIC - CIVIL EXPERIENCE					
<input checked="" type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE					
B1. Military Service (Branch): USAF		B2. Military Rank/Grade: E-7		B3. Military Specialty Code(s): 2A377	
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		B5. Completion Date (MM/DD/YYYY)		B6. JSAMTCC Certificate Control No.	
<input type="checkbox"/> C. MECHANIC – GRADUATE OF AN APPROVED COURSE					
C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT					
C2. AMTS Certificate Number		C3. AMTS Name		C4. AMTS Location (City, State)	
C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)			
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)		C9. Date (MM/DD/YYYY)	
<input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY)	D2. Date Auth. Expires (MM/DD/YYYY)	D3. FAA Signature (Print Name and Sign)	
				D4. FAA Office/Desig. No.	
<input type="checkbox"/> E. PARACHUTE RIGGER					
E1. Number of Parachutes Packed		E2. Packed as B: (For Master Parachute Rigger Only)			
Seat _____ Chest _____ Back _____ Lap _____		<input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger			
III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience.					
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)		4. TYPE OF WORK PERFORMED (Describe work performed, not job title)	
10/2018	08/2020	USAF Ogden, UT		Inspect, troubleshoot, and maintain aircraft structures, engines, hydraulic, and other related systems. R&R airframe and engine components. Conduct ops checks and repairs of components and systems. Conduct jacking, lifting, weighing, and weight and balance functions.	
08/2020	08/2022	Fly by Wrench, LLC Plain City, UT		Mechanics helper, conducting maintenance on general aviation aircraft to include aircraft structures, airframe systems, engines and engine systems on PA-28 and CE-172, and Tecnam aircraft.	
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.					
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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.					
Applicant's Signature SJConnor				Date (MM/DD/YYYY) 08/31/2022	
V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.					
FAA Signature (Print Name and Sign) Francis A. Adams		Digitally signed by Francis A. Adams Date: 2022.08.31 10:29:44-06'00'		Date (MM/DD/YYYY) 08/31/2022	
				FAA Office/Designation No. SW 15	

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Connor, Sara, Jean	Date of Birth (MM/DD/YYYY): 07/19/1990	Certificate Number (if any):
---	---	------------------------------

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL	TYPE	SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Question Number					BACK	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL		CHEST	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Project Number					LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
II. AIRFRAME STRUCTURES							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL	PARACHUTE SEAL SYMBOL ASSIGNED:			
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL				
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL	REMARKS			
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL				
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL				
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS 09/09/2024							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 09/09/2024	<input type="checkbox"/> FAIL				
Project Number							

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a 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. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature <i>SJ Connor</i>	Date (MM/DD/YYYY) 09/09/2022

FAA EXAMINER'S REPORT

I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:			
<input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED	<input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign) <i>Dana M. Eval</i>	Date (MM/DD/YYYY) 09/09/2022	FAA Office/Designation No. DMC987654	
I have examined this applicant's papers and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued)			
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.	

ATTACHMENTS

<input checked="" type="checkbox"/> Knowledge Test Report(s) (3)	<input checked="" type="checkbox"/> Temporary Certificate
<input checked="" type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <u>see Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID	Drivers License	State or Country	Utah
ID Number	12481632	Expiration Date	07/17/2026
Telephone No	801-555-5555	Email Address	sjconnor100@hotmail.com

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign) <i>Francis A. Adams</i>	Date (MM/DD/YYYY) 09/13/2022	FAA Office SW15
--	---------------------------------	--------------------

Appendix J. Sample FAA Form 8610-2, Application Based on Graduation From JSAMTCC Program

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)																																																									
<input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input checked="" type="checkbox"/> MECHANIC <input type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> ADDED RATING <input checked="" type="checkbox"/> Airframe <input type="checkbox"/> SENIOR <input type="checkbox"/> Seat <input type="checkbox"/> Chest <input type="checkbox"/> OTHER _____ <input checked="" type="checkbox"/> Powerplant <input type="checkbox"/> MASTER <input type="checkbox"/> Back <input type="checkbox"/> Lap																																																									
I. APPLICANT INFORMATION																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Name (Last, First, Middle) Doe, John, Peter</td> <td>B. Date of Birth (MM/DD/YYYY) 03/21/1984</td> <td>C. Place of Birth (City and State) or (City and Country) Galisteo, NM</td> </tr> <tr> <td>D. Height (Inches) 70</td> <td>E. Weight (Pounds) 245</td> <td>F. Hair Color (spell out) Black</td> <td>G. Eye Color (spell out) Brown</td> </tr> <tr> <td colspan="2">H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</td> <td colspan="2">I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____</td> </tr> <tr> <td colspan="2">J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 68 Raging River Rd. Franconia, NH 03580</td> <td colspan="2">J2. Mailing Address (Will show on certificate) <input type="checkbox"/> Same as J1. P.O. Box 19643 Franconia, NH 03580</td> </tr> <tr> <td colspan="2">K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____</td> <td colspan="2">L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</td> <td colspan="2">N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____</td> </tr> </table>		A. Name (Last, First, Middle) Doe, John, Peter		B. Date of Birth (MM/DD/YYYY) 03/21/1984	C. Place of Birth (City and State) or (City and Country) Galisteo, NM	D. Height (Inches) 70	E. Weight (Pounds) 245	F. Hair Color (spell out) Black	G. Eye Color (spell out) Brown	H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____		J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 68 Raging River Rd. Franconia, NH 03580		J2. Mailing Address (Will show on certificate) <input type="checkbox"/> Same as J1. P.O. Box 19643 Franconia, NH 03580		K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____		L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____																																	
A. Name (Last, First, Middle) Doe, John, Peter		B. Date of Birth (MM/DD/YYYY) 03/21/1984	C. Place of Birth (City and State) or (City and Country) Galisteo, NM																																																						
D. Height (Inches) 70	E. Weight (Pounds) 245	F. Hair Color (spell out) Black	G. Eye Color (spell out) Brown																																																						
H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____																																																							
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 68 Raging River Rd. Franconia, NH 03580		J2. Mailing Address (Will show on certificate) <input type="checkbox"/> Same as J1. P.O. Box 19643 Franconia, NH 03580																																																							
K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____		L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																																																							
M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____																																																							
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">A. MECHANIC - CIVIL EXPERIENCE</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE</td> </tr> <tr> <td>B1. Military Service (Branch): USAF</td> <td>B2. Military Rank/Grade: E-7</td> <td colspan="2">B3. Military Specialty Code(s): 2A571</td> </tr> <tr> <td>B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input checked="" type="checkbox"/> Airframe & Powerplant</td> <td>B5. Completion Date (MM/DD/YYYY) 02/02/2012</td> <td colspan="2">B6. JSAMTCC Certificate Control No. USAF12009</td> </tr> <tr> <td colspan="4">C. MECHANIC – GRADUATE OF AN APPROVED COURSE</td> </tr> <tr> <td colspan="4">C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT</td> </tr> <tr> <td>C2. AMTS Certificate Number</td> <td>C3. AMTS Name</td> <td colspan="2">C4. AMTS Location (City, State)</td> </tr> <tr> <td colspan="2">C5. AMTS Curriculum Graduated: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant</td> <td colspan="2">C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)</td> </tr> <tr> <td colspan="2">C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.</td> <td colspan="2">C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)</td> </tr> <tr> <td colspan="2">C9. Date (MM/DD/YYYY)</td> <td colspan="2">D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.</td> </tr> <tr> <td>D1. Date Authorized (MM/DD/YYYY)</td> <td>D2. Date Auth. Expires (MM/DD/YYYY)</td> <td colspan="2">D3. FAA Signature (Print Name and Sign)</td> </tr> <tr> <td colspan="2">D4. FAA Office/Desig. No.</td> <td colspan="2">E. PARACHUTE RIGGER</td> </tr> <tr> <td colspan="2">E1. Number of Parachutes Packed</td> <td colspan="2">E2. Packed as a: (For Master Parachute Rigger Only)</td> </tr> <tr> <td colspan="2">Seat _____ Chest _____ Back _____ Lap _____</td> <td colspan="2"><input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger</td> </tr> </table>		A. MECHANIC - CIVIL EXPERIENCE				<input checked="" type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE				B1. Military Service (Branch): USAF	B2. Military Rank/Grade: E-7	B3. Military Specialty Code(s): 2A571		B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input checked="" type="checkbox"/> Airframe & Powerplant	B5. Completion Date (MM/DD/YYYY) 02/02/2012	B6. JSAMTCC Certificate Control No. USAF12009		C. MECHANIC – GRADUATE OF AN APPROVED COURSE				C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT				C2. AMTS Certificate Number	C3. AMTS Name	C4. AMTS Location (City, State)		C5. AMTS Curriculum Graduated: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)		C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)		C9. Date (MM/DD/YYYY)		D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY)	D2. Date Auth. Expires (MM/DD/YYYY)	D3. FAA Signature (Print Name and Sign)		D4. FAA Office/Desig. No.		E. PARACHUTE RIGGER		E1. Number of Parachutes Packed		E2. Packed as a: (For Master Parachute Rigger Only)		Seat _____ Chest _____ Back _____ Lap _____		<input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger	
A. MECHANIC - CIVIL EXPERIENCE																																																									
<input checked="" type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE																																																									
B1. Military Service (Branch): USAF	B2. Military Rank/Grade: E-7	B3. Military Specialty Code(s): 2A571																																																							
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input checked="" type="checkbox"/> Airframe & Powerplant	B5. Completion Date (MM/DD/YYYY) 02/02/2012	B6. JSAMTCC Certificate Control No. USAF12009																																																							
C. MECHANIC – GRADUATE OF AN APPROVED COURSE																																																									
C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT																																																									
C2. AMTS Certificate Number	C3. AMTS Name	C4. AMTS Location (City, State)																																																							
C5. AMTS Curriculum Graduated: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)																																																							
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)																																																							
C9. Date (MM/DD/YYYY)		D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.																																																							
D1. Date Authorized (MM/DD/YYYY)	D2. Date Auth. Expires (MM/DD/YYYY)	D3. FAA Signature (Print Name and Sign)																																																							
D4. FAA Office/Desig. No.		E. PARACHUTE RIGGER																																																							
E1. Number of Parachutes Packed		E2. Packed as a: (For Master Parachute Rigger Only)																																																							
Seat _____ Chest _____ Back _____ Lap _____		<input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger																																																							
III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience.																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. DATE FROM (MM/YYYY)</td> <td>2. DATE TO (MM/YYYY)</td> <td>3. EMPLOYER AND LOCATION (Employer Name, City, State)</td> <td>4. TYPE OF WORK PERFORMED (Describe work performed, not job title)</td> </tr> <tr> <td>08/2008</td> <td>06/2014</td> <td>USAF, Mountain Home, ID</td> <td>Inspect, troubleshoot, and maintain aircraft structures, engines, hydraulic, and other related systems. R&R airframe and engine components. Conduct ops checks and repairs of components and systems. Conduct jacking, lifting, weighing, and weight and balance functions.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)	08/2008	06/2014	USAF, Mountain Home, ID	Inspect, troubleshoot, and maintain aircraft structures, engines, hydraulic, and other related systems. R&R airframe and engine components. Conduct ops checks and repairs of components and systems. Conduct jacking, lifting, weighing, and weight and balance functions.																																																
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)																																																						
08/2008	06/2014	USAF, Mountain Home, ID	Inspect, troubleshoot, and maintain aircraft structures, engines, hydraulic, and other related systems. R&R airframe and engine components. Conduct ops checks and repairs of components and systems. Conduct jacking, lifting, weighing, and weight and balance functions.																																																						
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.																																																									
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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Applicant's Signature </td> <td>Date (MM/DD/YYYY) 08/08/2022</td> </tr> </table>		Applicant's Signature 	Date (MM/DD/YYYY) 08/08/2022																																																						
Applicant's Signature 	Date (MM/DD/YYYY) 08/08/2022																																																								
V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>FAA Signature (Print Name and Sign)</td> <td>Date (MM/DD/YYYY)</td> <td>FAA Office/Designation No.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.																																																					
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.																																																							

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Doe, John, Peter	Date of Birth (MM/DD/YYYY): 03/21/1984	Certificate Number (if any):
---	---	------------------------------

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL	TYPE	SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Question Number					BACK	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL		CHEST	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Project Number					LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
II. AIRFRAME STRUCTURES							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL	REMARKS			
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL				
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL				
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL				
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS							
Oral Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL				
Question Number							
Practical Test	<input checked="" type="checkbox"/> PASS	EXPIRATION DATE: 08/12/2024	<input type="checkbox"/> FAIL				
Project Number							

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a 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. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature <i>John Peter Doe</i>	Date (MM/DD/YYYY) 08/12/2022

FAA EXAMINER'S REPORT

I have <u>tested this applicant</u> in accordance with pertinent procedures and standards and I have indicated the result as:			
<input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED	<input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign) Dana M. Eval <i>Dana M Eval</i>	Date (MM/DD/YYYY) 08/12/2022	FAA Office/Designation No. DME987654	
I have <u>examined this applicant's papers</u> and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued)			
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.	

ATTACHMENTS

<input checked="" type="checkbox"/> Knowledge Test Report(s) (3)	<input checked="" type="checkbox"/> Temporary Certificate
<input checked="" type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input checked="" type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <u>see Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID <i>Passport</i>	State or Country <i>USA</i>
ID Number <i>P1234567</i>	Expiration Date <i>06/31/2030</i>
Telephone No <i>NONE</i>	Email Address <i>NONE</i>


FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign) Francis A. Adams <i>Francis A. Adams</i>	Date (MM/DD/YYYY) 08/16/2022	FAA Office <i>SW15</i>
---	---------------------------------	---------------------------

Appendix K. Sample FAA Form 8610-2, Application for a Senior Parachute Rigger Certificate

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

 Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)	
<input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> MECHANIC <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant	
<input checked="" type="checkbox"/> PARACHUTE RIGGER <input checked="" type="checkbox"/> SENIOR <input type="checkbox"/> Junior <input type="checkbox"/> Back <input checked="" type="checkbox"/> Chest <input type="checkbox"/> Lap	
I. APPLICANT INFORMATION	
A. Name (Last, First, Middle) Wilson, Joshua Tate	
B. Date of Birth (MM/DD/YYYY) 08/17/2002	
C. Place of Birth (City and State) or (City and Country) Moultrie, GA	
D. Height (Inches) 74	
E. Weight (Pounds) 177	
F. Hair Color (spell out) Black	
G. Eye Color (spell out) Brown	
H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 123 Paper Airplane Lane Runway, FL 32808	
J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.	
K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: Pilot 1234567	
L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____	
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.	
A. MECHANIC - CIVIL EXPERIENCE	
B. MECHANIC - MILITARY EXPERIENCE	
B1. Military Service (Branch): _____ B2. Military Rank/Grade: _____ B3. Military Specialty Code(s): _____	
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant B5. Completion Date (MM/DD/YYYY) _____ B6. JSAMTCC Certificate Control No. _____	
C. MECHANIC – GRADUATE OF AN APPROVED COURSE	
C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT	
C2. AMTS Certificate Number _____ C3. AMTS Name _____ C4. AMTS Location (City, State) _____	
C5. AMTS Curriculum Graduated: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant C6. Graduation Date (MM/DD/YYYY) _____ (Proposed date if § 65.80)	
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.	
C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign) _____ C9. Date (MM/DD/YYYY) _____	
<input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.	
D1. Date Authorized (MM/DD/YYYY) _____ D2. Date Auth. Expires (MM/DD/YYYY) _____ D3. FAA Signature (Print Name and Sign) _____ D4. FAA Office/Design. No. _____	
E. PARACHUTE RIGGER	
E1. Number of Parachutes Packed Seat _____ Chest 34 Back 63 Lap _____	
E2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger	
III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience.	
1. DATE FROM (MM/YYYY) 05/2010 2. DATE TO (MM/YYYY) 08/2022 3. EMPLOYER AND LOCATION (Employer Name, City, State) JJ's Porta-Loft Runway, FL 4. TYPE OF WORK PERFORMED (Describe work performed, not job title) Inspected, repaired, and repacked parachutes under the supervision of master rigger John Johnson.	
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made. 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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature <i>Joshua Wilson</i> Date (MM/DD/YYYY) 09/28/2022	
V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.	
FAA Signature (Print Name and Sign) Francis A. Adams Date (MM/DD/YYYY) 09/28/2022 FAA Office/Designation No. SW15	

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Wilson, Joshua Tate	Date of Birth (MM/DD/YYYY): 08/17/2002	Certificate Number (if any): Pilot 1234567
--	---	---

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL				TYPE			
Oral Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL		SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
Question Number				BACK	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
Practical Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL		CHEST	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
Project Number				LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
II. AIRFRAME STRUCTURES				PARACHUTE SEAL SYMBOL ASSIGNED: <i>Kee</i>			
Oral Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL		REMARKS			
Question Number							
Practical Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL					
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL					
Question Number							
Practical Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL					
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL					
Question Number							
Practical Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL					
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS							
Oral Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL					
Question Number							
Practical Test <input type="checkbox"/> PASS		EXPIRATION DATE: <input type="checkbox"/> FAIL					
Project Number							

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a 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. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature <i>Joshua Wilson</i>	Date (MM/DD/YYYY) <i>10/15/2022</i>

FAA EXAMINER'S REPORT

I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:			
<input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED	<input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign) <i>Dani P. Rig-Eval</i>	Date (MM/DD/YYYY) <i>10/15/2022</i>	FAA Office/Designation No. <i>DPRE 102030</i>	
I have examined this applicant's papers and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued)			
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.	

ATTACHMENTS

<input checked="" type="checkbox"/> Knowledge Test Report(s)	<input checked="" type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <u>see Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID <i>Drivers License</i>	State or Country <i>FL</i>
ID Number <i>A123456</i>	Expiration Date <i>08/31/2023</i>
Telephone No <i>NONE</i>	Email Address <i>jwjumpers1@gmail.com</i>


FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign) <i>Francis A. Adams</i>	Date (MM/DD/YYYY) <i>10/21/2022</i>	FAA Office <i>SW15</i>
--	--	---------------------------

Appendix L. Sample FAA Form 8610-2, Application for a Master Parachute Rigger Certificate

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

 Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)			
<input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING <input type="checkbox"/> OTHER _____		<input type="checkbox"/> MECHANIC <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant	
<input checked="" type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> SENIOR <input checked="" type="checkbox"/> MASTER		<input type="checkbox"/> Chest <input checked="" type="checkbox"/> Back <input type="checkbox"/> Lap	
I. APPLICANT INFORMATION			
A. Name (Last, First, Middle) Wilson, Joshua Tate		B. Date of Birth (MM/DD/YYYY) 08/17/2002	
C. Place of Birth (City and State) or (City and Country) Moultrie, GA			
D. Height (Inches) 74	E. Weight (Pounds) 177	F. Hair Color (spell out) Black	G. Eye Color (spell out) Brown
H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
J. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 123 Paper Airplane Lane Runway, FL 32808		K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: <u>Senior Para Rigger 5555555, Pilot 1234567</u> L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____			
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.			
A. MECHANIC - CIVIL EXPERIENCE			
B. MECHANIC - MILITARY EXPERIENCE		B3. Military Specialty Code[s]:	
B1. Military Service (Branch):		B2. Military Rank/Grade:	
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		B5. Completion Date (MM/DD/YYYY)	
B6. JSAMTCC Certificate Control No.			
C. MECHANIC – GRADUATE OF AN APPROVED COURSE			
C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT			
C2. AMTS Certificate Number	C3. AMTS Name	C4. AMTS Location (City, State)	
C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)	
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)	
C9. Date (MM/DD/YYYY)			
D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY)	D2. Date Auth. Expires (MM/DD/YYYY)
D3. FAA Signature (Print Name and Sign)		D4. FAA Office/Design. No.	
E. PARACHUTE RIGGER		E1. Number of Parachutes Packed	
Sest _____ Chest 120 Back 250 Lap _____		E2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input checked="" type="checkbox"/> Senior Parachute Rigger	
III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience.			
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)
08/2022	08/2026	JJ's Porta-Loft Runway, FL	Inspected, repaired, and repacked parachutes under Senior parachute rigger certificate.
05/2010	08/2022	JJ's Porta-Loft Runway, FL	Inspected, repaired, and repacked parachutes under the supervision of master rigger John Johnson.
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.			
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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.			
Applicant's Signature <i>Joshua Wilson</i>			Date (MM/DD/YYYY) 09/14/2026
V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.			
FAA Signature (Print Name and Sign) Francis A. Adams		Date (MM/DD/YYYY) 09/14/2026	FAA Office/Designation No. SW15

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Wilson, Joshua Tate	Date of Birth (MM/DD/YYYY): 08/17/2002	Certificate Number (if any): Senior Parachute Rigger, Pilot 1234567
--	---	--

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
II. AIRFRAME STRUCTURES							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							

TYPE		SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
		BACK	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL
		CHEST	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL
		LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
PARACHUTE SEAL SYMBOL ASSIGNED:				
REMARKS				
Applicant holds a senior parachute rigger certificate and therefore is not required to pass an additional written test, see § 65.119(b).				

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
B. Have you ever been convicted of violation of any Federal or state statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES, Date of Final Conviction: _____
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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.			
Applicant's Signature		Date (MM/DD/YYYY)	
<i>Joshua Wilson</i>		09/14/2026	

FAA EXAMINER'S REPORT

I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:			
<input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED	<input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign)		Date (MM/DD/YYYY)	FAA Office/Designation No.
<i>Dani P. Rig-Eval</i> Dani P. Rig-Eval		09/14/2026	DPRE 102030
I have examined this applicant's papers and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued)			
FAA Signature (Print Name and Sign)		Date (MM/DD/YYYY)	FAA Office/Designation No.

ATTACHMENTS

<input type="checkbox"/> Knowledge Test Report(s)	<input checked="" type="checkbox"/> Temporary Certificate
<input checked="" type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <i>see Remarks block</i>

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID	<i>Drivers License</i>	State or Country	<i>FL</i>
ID Number	<i>A123456</i>	Expiration Date	<i>08/31/2030</i>
Telephone No	<i>NONE</i>	Email Address	<i>jwjumpers1@gmail.com</i>

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	<i>Francis A. Adams</i> Francis A. Adams	Date (MM/DD/YYYY)	09/14/2026	FAA Office	<i>SW15</i>
-------------------------------------	--	-------------------	------------	------------	-------------

Appendix M. Sample FAA Form 8610-2, Application for Name, Date of Birth, and Nationality Change

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)																																																													
<input type="checkbox"/> ORIGINAL ISSUANCE <input checked="" type="checkbox"/> MECHANIC <input type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> ADDED RATING <input type="checkbox"/> Airframe <input type="checkbox"/> SENIOR <input type="checkbox"/> Seat <input type="checkbox"/> Chest <input checked="" type="checkbox"/> OTHER <small>Name, DOB, and Nationality Change</small> <input type="checkbox"/> Powerplant <input type="checkbox"/> MASTER <input type="checkbox"/> Back <input type="checkbox"/> Lap																																																													
I. APPLICANT INFORMATION																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Name (Last, First, Middle) Jones, Sara, Jean</td> <td>B. Date of Birth (MM/DD/YYYY) 07/17/1990</td> <td>C. Place of Birth (City and State) or (City and Country) Moosejaw, Canada</td> </tr> <tr> <td>D. Height (inches) 64</td> <td>E. Weight (Pounds) 125</td> <td>F. Hair Color (spell out) Black</td> <td>G. Eye Color (spell out) Brown</td> </tr> <tr> <td colspan="2">H. Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</td> <td colspan="2">I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____</td> </tr> <tr> <td colspan="2">J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 2485 Island Drive Farmington, UT 84025</td> <td colspan="2">J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.</td> </tr> <tr> <td colspan="2">K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: Mechanic 97531234</td> <td colspan="2">L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</td> <td colspan="2">N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____</td> </tr> </table>		A. Name (Last, First, Middle) Jones, Sara, Jean		B. Date of Birth (MM/DD/YYYY) 07/17/1990	C. Place of Birth (City and State) or (City and Country) Moosejaw, Canada	D. Height (inches) 64	E. Weight (Pounds) 125	F. Hair Color (spell out) Black	G. Eye Color (spell out) Brown	H. Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____		J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 2485 Island Drive Farmington, UT 84025		J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.		K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: Mechanic 97531234		L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____																																					
A. Name (Last, First, Middle) Jones, Sara, Jean		B. Date of Birth (MM/DD/YYYY) 07/17/1990	C. Place of Birth (City and State) or (City and Country) Moosejaw, Canada																																																										
D. Height (inches) 64	E. Weight (Pounds) 125	F. Hair Color (spell out) Black	G. Eye Color (spell out) Brown																																																										
H. Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____																																																											
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 2485 Island Drive Farmington, UT 84025		J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.																																																											
K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: Mechanic 97531234		L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																																																											
M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____																																																											
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">A. MECHANIC - CIVIL EXPERIENCE</td> </tr> <tr> <td colspan="2">B. MECHANIC - MILITARY EXPERIENCE</td> <td colspan="2">B3. Military Specialty Code[s]:</td> </tr> <tr> <td>B1. Military Service (Branch):</td> <td>B2. Military Rank/Grade:</td> <td colspan="2">B6. JSAMTCC Certificate Control No.</td> </tr> <tr> <td>B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant</td> <td>B5. Completion Date (MM/DD/YYYY)</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">C. MECHANIC – GRADUATE OF AN APPROVED COURSE</td> </tr> <tr> <td colspan="2">C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT</td> <td colspan="2">C4. AMTS Location (City, State)</td> </tr> <tr> <td>C2. AMTS Certificate Number</td> <td>C3. AMTS Name</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant</td> <td colspan="2">C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)</td> </tr> <tr> <td colspan="2">C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.</td> <td colspan="2">C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)</td> </tr> <tr> <td colspan="2">C9. Date (MM/DD/YYYY)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.</td> <td>D1. Date Authorized (MM/DD/YYYY)</td> <td>D2. Date Auth. Expires (MM/DD/YYYY)</td> </tr> <tr> <td colspan="2"></td> <td>D3. FAA Signature (Print Name and Sign)</td> <td>D4. FAA Office/Desig. No.</td> </tr> <tr> <td colspan="4">E. PARACHUTE RIGGER</td> </tr> <tr> <td colspan="2">E1. Number of Parachutes Packed</td> <td colspan="2">E2. Packed as a: (For Master Parachute Rigger Only)</td> </tr> <tr> <td colspan="2">Seat Chest Back Lap</td> <td colspan="2"><input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger</td> </tr> </table>		A. MECHANIC - CIVIL EXPERIENCE				B. MECHANIC - MILITARY EXPERIENCE		B3. Military Specialty Code[s]:		B1. Military Service (Branch):	B2. Military Rank/Grade:	B6. JSAMTCC Certificate Control No.		B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant	B5. Completion Date (MM/DD/YYYY)			C. MECHANIC – GRADUATE OF AN APPROVED COURSE				C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT		C4. AMTS Location (City, State)		C2. AMTS Certificate Number	C3. AMTS Name			C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)		C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)		C9. Date (MM/DD/YYYY)				<input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY)	D2. Date Auth. Expires (MM/DD/YYYY)			D3. FAA Signature (Print Name and Sign)	D4. FAA Office/Desig. No.	E. PARACHUTE RIGGER				E1. Number of Parachutes Packed		E2. Packed as a: (For Master Parachute Rigger Only)		Seat Chest Back Lap		<input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger	
A. MECHANIC - CIVIL EXPERIENCE																																																													
B. MECHANIC - MILITARY EXPERIENCE		B3. Military Specialty Code[s]:																																																											
B1. Military Service (Branch):	B2. Military Rank/Grade:	B6. JSAMTCC Certificate Control No.																																																											
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant	B5. Completion Date (MM/DD/YYYY)																																																												
C. MECHANIC – GRADUATE OF AN APPROVED COURSE																																																													
C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT		C4. AMTS Location (City, State)																																																											
C2. AMTS Certificate Number	C3. AMTS Name																																																												
C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)																																																											
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)																																																											
C9. Date (MM/DD/YYYY)																																																													
<input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY)	D2. Date Auth. Expires (MM/DD/YYYY)																																																										
		D3. FAA Signature (Print Name and Sign)	D4. FAA Office/Desig. No.																																																										
E. PARACHUTE RIGGER																																																													
E1. Number of Parachutes Packed		E2. Packed as a: (For Master Parachute Rigger Only)																																																											
Seat Chest Back Lap		<input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger																																																											
III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience.																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. DATE FROM (MM/YYYY)</td> <td>2. DATE TO (MM/YYYY)</td> <td>3. EMPLOYER AND LOCATION (Employer Name, City, State)</td> <td>4. TYPE OF WORK PERFORMED (Describe work performed, not job title)</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)																																																								
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)																																																										
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.																																																													
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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.																																																													
Applicant's Signature Date (MM/DD/YYYY) <div style="text-align: center; font-family: cursive; font-size: 1.2em;">SJ Jones</div> <div style="text-align: right; font-family: cursive; font-size: 1.2em;">10/03/2022</div>																																																													
V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>FAA Signature (Print Name and Sign)</td> <td>Date (MM/DD/YYYY)</td> <td>FAA Office/Designation No.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.																																																									
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.																																																											

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Jones, Sara, Jean	Date of Birth (MM/DD/YYYY): 07/17/1990	Certificate Number (if any): Mechanic 97531234
--	---	---

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
II. AIRFRAME STRUCTURES							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS							
Oral Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Question Number							
Practical Test		<input type="checkbox"/> PASS	EXPIRATION DATE:		<input type="checkbox"/> FAIL		
Project Number							

TYPE		SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
		BACK	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
		CHEST	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
		LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
PARACHUTE SEAL SYMBOL ASSIGNED:				

REMARKS	
Verified airman name change on Utah State marriage certificate, dated 09/17/2022.	
Verified Saskatchewan Canada birth certificate No. B123456, Registration No. 1990-09-09876, actual DOB is 07/17/1990.	
Verified US nationality by Certificate of Naturalization, No. 987654321, issued by the US Citizenship and Immigration Services at Salt Lake City, UT, on October 14, 2016.	

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
B. 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?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES, Date of Final Conviction: _____
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 a 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. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.			
Applicant's Signature <i>SJ Jones</i>			Date (MM/DD/YYYY) <i>10/03/2022</i>

FAA EXAMINER'S REPORT

I have <u>tested this applicant</u> in accordance with pertinent procedures and standards and I have indicated the result as:			
<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED	<input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign) <i>Francis A. Adams</i>		Date (MM/DD/YYYY) <i>10/03/2022</i>	FAA Office/Designation No. <i>SW15</i>
I have <u>examined this applicant's papers</u> and I have indicated the result as: <input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)			
FAA Signature (Print Name and Sign) <i>Francis A. Adams</i>		Date (MM/DD/YYYY) <i>10/03/2022</i>	FAA Office/Designation No. <i>SW15</i>

ATTACHMENTS

<input type="checkbox"/> Knowledge Test Report(s)	<input checked="" type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <u>see Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government issued Photo ID)

Form of ID	<i>Drivers License</i>	State or Country	<i>Utah</i>
ID Number	<i>12481632</i>	Expiration Date	<i>07/17/2026</i>
Telephone No	<i>801-555-5555</i>	Email Address	<i>sgjones000@hotmail.com</i>

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
-------------------------------------	-------------------	------------

Appendix N. Sample Voluntary Surrender Statement for Downgrade of a Certificate**Voluntary Surrender for Downgrade****TO:**

_____ FSDO/IFO *(enter responsible Flight Standards office identifier)*
 _____ *(enter address of responsible Flight Standards Office)*
 _____ *(enter responsible Flight Standards office city, state, and zip code)*

FROM:

_____ *(enter airman's name)*
 _____ *(enter the airman's address)*
 _____ *(enter the airman's city, state, and zip code)*

I _____ *(enter airman's name)*, hereby voluntarily surrender my _____
(enter name of rating) on my _____ *(enter type of certificate)* certificate, number
 _____ *(enter certificate number)* for cancellation.

I, understand that this constitutes unequivocal abandonment of the aforementioned rating and that the rating may not be reissued to me again, unless I pass all the tests prescribed for issuance of that rating.

My rights to be heard as to why my certificate should not be amended, suspended, or revoked have been fully explained to me and by affixing my signature hereto are hereby waived.

AIRMAN SIGNATURE_____
DATE**FAA ACKNOWLEDGMENT OF ACCEPTANCE AND COORDINATION**

I, _____ *(enter ASI name)*, a FAA Flight Standards Aviation Safety Inspector (ASI), accept the FAA certificate specified above and acknowledge that the airman voluntarily surrendered this certificate to the FAA on _____ *(enter date certificate was surrendered)*. The airman has been issued a temporary airman certificate for the rating(s) still held by the airman.

I further acknowledge that this certificate holder's request for this voluntary surrender has been coordinated and concurred with by other FAA offices, as appropriate.

ASI NAME_____
DATE_____
FAA OFFICE No.

**Appendix O. Sample FAA Form 8610-2, Certificate Reissuance After Voluntary
Surrender for Downgrade of a Mechanic Certificate**

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

U.S. Department of Transportation Federal Aviation Administration				Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65)			
<input type="checkbox"/> ORIGINAL ISSUANCE		<input checked="" type="checkbox"/> MECHANIC		<input type="checkbox"/> PARACHUTE RIGGER			
<input type="checkbox"/> ADDED RATING		<input type="checkbox"/> Airframe		<input type="checkbox"/> SENIOR		<input type="checkbox"/> Seat <input type="checkbox"/> Chest	
<input checked="" type="checkbox"/> OTHER: Reissue after downgrade		<input checked="" type="checkbox"/> Powerplant		<input type="checkbox"/> MASTER		<input type="checkbox"/> Back <input type="checkbox"/> Lap	
I. APPLICANT INFORMATION							
A. Name (Last, First, Middle)		B. Date of Birth (MM/DD/YYYY)		C. Place of Birth (City and State) or (City and Country)			
Smith, Michael David		01/18/1996		Oklahoma City, OK			
D. Height (Inches)	E. Weight (Pounds)	F. Hair Color (spell out)	G. Eye Color (spell out)	H. Sex	I. Citizenship / Nationality		
64	140	Blond	Blue	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____		
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached.		J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1.		K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: Mechanic 1234577			
123 Rose Crest Way Oklahoma City, OK 73170				L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
				M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____							
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.							
A. MECHANIC - CIVIL EXPERIENCE							
B. MECHANIC - MILITARY EXPERIENCE B1. Military Service (Branch): B2. Military Rank/Grade: B3. Military Specialty Code(s):							
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant B5. Completion Date (MM/DD/YYYY) B6. JSAMTCC Certificate Control No.							
C. MECHANIC – GRADUATE OF AN APPROVED COURSE C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT							
C2. AMTS Certificate Number		C3. AMTS Name		C4. AMTS Location (City, State)			
C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80)		<input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant		C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)			
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.		C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)				C9. Date (MM/DD/YYYY)	
<input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY)		D2. Date Auth. Expires (MM/DD/YYYY)		D3. FAA Signature (Print Name and Sign)	
						D4. FAA Office/Desig. No.	
E. PARACHUTE RIGGER		E1. Number of Parachutes Packed		E2. Packed as a: (For Master Parachute Rigger Only)			
		Seat Chest Back Lap		<input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger			
III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience.							
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)		4. TYPE OF WORK PERFORMED (Describe work performed, not job title)			
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.							
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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.							
Applicant's Signature						Date (MM/DD/YYYY)	
Mike D Smith						08/24/2024	
V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.							
FAA Signature (Print Name and Sign)						Date (MM/DD/YYYY)	
						FAA Office/Designation No.	

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Smith, Michael David	Date of Birth (MM/DD/YYYY): 01/18/1996	Certificate Number (if any): Mechanic 1234577
---	---	--

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

Mechanic				Parachute Rigger			
I. GENERAL				TYPE			
Oral Test		<input type="checkbox"/> PASS EXPIRATION DATE:		SEAT		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Question Number				BACK		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Practical Test		<input type="checkbox"/> PASS EXPIRATION DATE:		CHEST		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Project Number				LAP		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
II. AIRFRAME STRUCTURES				PARACHUTE SEAL SYMBOL ASSIGNED:			
Oral Test		<input type="checkbox"/> PASS EXPIRATION DATE:		REMARKS			
Question Number				<p>Airman voluntarily surrendered airframe rating and was issued a temporary airman certificate for the powerplant rating still held.</p> <p>Surrendered certificate attached.</p> <p>Airman's statement of voluntary surrender is attached.</p>			
Practical Test		<input type="checkbox"/> PASS EXPIRATION DATE:					
Project Number							
III. AIRFRAME SYSTEMS AND COMPONENTS							
Oral Test		<input type="checkbox"/> PASS EXPIRATION DATE:					
Question Number							
Practical Test		<input type="checkbox"/> PASS EXPIRATION DATE:					
Project Number							
IV. POWERPLANT THEORY AND MAINTENANCE							
Oral Test		<input type="checkbox"/> PASS EXPIRATION DATE:					
Question Number							
Practical Test		<input type="checkbox"/> PASS EXPIRATION DATE:					
Project Number							
V. POWERPLANT SYSTEMS AND COMPONENTS							
Oral Test		<input type="checkbox"/> PASS EXPIRATION DATE:					
Question Number							
Practical Test		<input type="checkbox"/> PASS EXPIRATION DATE:					
Project Number							

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked?		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
B. 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?		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____
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 a 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. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.		
Applicant's Signature		Date (MM/DD/YYYY)
Mike D Smith		08/24/2024

FAA EXAMINER'S REPORT

I have <u>tested this applicant</u> in accordance with pertinent procedures and standards and I have indicated the result as:		
<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED <input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.
Francis A. Adams	08/24/2024	SW 15
I have <u>examined this applicant's papers</u> and I have indicated the result as: <input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued)		
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.
Francis A. Adams	08/24/2024	SW 15

ATTACHMENTS

<input type="checkbox"/> Knowledge Test Report(s)	<input checked="" type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input checked="" type="checkbox"/> Other <u>see Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID	State or Country
Drivers License	Oklahoma
ID Number	Expiration Date
L076535	01/31/2031
Telephone No	Email Address
NONE	mds@email.com

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
-------------------------------------	-------------------	------------

Appendix P. Sample FAA Form 8610-3, Application for Repairman Certificate (§ 65.101)

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

Airman Certificate and/or Rating Application – Repairman (14 CFR Part 65)			
<input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING/PRIVILEGES <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> § 65.101 REPAIRMAN	<input type="checkbox"/> § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN	<input type="checkbox"/> § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN <input type="checkbox"/> Inspection Rating <input type="checkbox"/> Maintenance Rating

I. APPLICANT INFORMATION

A. Name (Last, First, Middle) Giles, Jamie, Nico		B. Date of Birth (MM/DD/YYYY) 05/14/1978		C. Place of Birth (City and State) or (City and Country) River City, Minnesota	
D. Height (Inches) 69	E. Weight (Pounds) 195	F. Hair Color (Spell out) Black	G. Eye Color (Spell out) brown	H. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	I. Citizenship / Nationality: <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 7560 West Main Street Atlanta, GA 44651		J2. Mailing Address (will show on certificate) <input checked="" type="checkbox"/> Same as J1.		K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____	
				L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
				M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a). <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): 01/01/2030					

II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A below. Continue additional information on a separate sheet if necessary.

<input checked="" type="checkbox"/> A. § 65.101 REPAIRMAN	A1. Specify Repairman Privileges/Limitations Requested: Certificate privileges of 14 CFR section 65.103, for radio and instrument while employed by Beta Airlines, College Park, GA. Certificate No. BETA1234.			
	A2. <input checked="" type="checkbox"/> I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations.			
<input type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN	B1. Make	B2. Model	B3. Serial Number	B4. Certification Date
<input type="checkbox"/> C. § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN	C1. LSA Class: <input type="checkbox"/> Airplane <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Powered Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Gyroplane (Insp. Rating Only)			
	C2. LSA Training Course Provider		C3. Course Name	
	C4. Course Number:	C5. Course Completion Date:		C6. Course Hours:
	For Inspection Rating Only: C7. N Number:		C8. Serial Number:	

III. RECORD OF EXPERIENCE OR TRAINING Continue additional information on a separate sheet if necessary. ☐ Mark this box if separate sheet attached for additional information.

1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State)	4. Description of Experience or Training
05/1996	07/2000	Duke Airlines, College Park, Georgia	Radio and instrument technician; assist repairmen in repairs and operational checks of aircraft radios and instruments.

IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.

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. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature 	Date (MM/DD/YYYY) 08/29/2022

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Giles, Jamie, Nico	Date of Birth (MM/DD/YYYY): 05/14/1978	Certificate Number (if any):
---	---	------------------------------

V. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature	Date (MM/DD/YYYY)

VI. FAA EXAMINER'S REPORT

I have examined this applicant's papers, and I have indicated the result as: <input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued) <input type="checkbox"/> DISAPPROVED		
FAA Signature (Print Name and Sign) Francis A. Adams Francis A. Adams	Date (MM/DD/YYYY) 08/29/2022	FAA Office/Designation No. SW 15

REMARKS

--

ATTACHMENTS

<input checked="" type="checkbox"/> Letter
<input checked="" type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Other <u>See Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government issued Photo ID)

Form of ID Drivers License	State or Country Georgia
ID Number 5551115151	Expiration Date 05/14/2029
Telephone No 555-111-5151	Email Address jamienico1111@email.com

FAA FILE REVIEW (For FAA Office Use Only)


FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
-------------------------------------	-------------------	------------

Appendix Q. Sample FAA Form 8610-3, Application for Experimental Aircraft Builder Repairman Certificate (§ 65.104)

Note: This application was pen-and-ink signed by the applicant. The ASI digitized the application and then approved and signed in Section VI using their FAA PIV card certificate.

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

 Airman Certificate and/or Rating Application – Repairman (14 CFR Part 65)	
<input type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> § 65.101 REPAIRMAN <input checked="" type="checkbox"/> § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN <input type="checkbox"/> § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN <input checked="" type="checkbox"/> ADDED RATING/PRIVILEGES <input type="checkbox"/> Inspection Rating <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Maintenance Rating	

I. APPLICANT INFORMATION

A. Name (Last, First, Middle) Battery, Julie, Huey		B. Date of Birth (MM/DD/YYYY) 05/14/1983	C. Place of Birth (City and State) or (City and Country) Bearclaw, MT
D. Height (Inches) 69	E. Weight (Pounds) 180	F. Hair Color (Spell out) Blond	G. Eye Color (Spell out) Blue
H. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		I. Citizenship / Nationality: <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 1825 Airy Road Bearclaw, MT 55555		J2. Mailing Address (will show on certificate) <input checked="" type="checkbox"/> Same as J1.	
K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: <u>Pilot, Amateur Built Repairman 4433221</u>		L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a). <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____	

II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A below. Continue additional information on a separate sheet if necessary.

<input type="checkbox"/> A. § 65.101 REPAIRMAN <input checked="" type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN <input type="checkbox"/> C. § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN	A1. Specify Repairman Privileges/Limitations Requested:			
	A2. <input type="checkbox"/> I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations.			
	B1. Make Julie Battery	B2. Model Vans RV-8	B3. Serial Number 222	B4. Certification Date 08/29/2022
	C1. LSA Class: <input type="checkbox"/> Airplane <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Powered Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Gyroplane (Insp. Rating Only)			
	C2. LSA Training Course Provider		C3. Course Name	
	C4. Course Number:		C5. Course Completion Date:	C6. Course Hours:
	For Inspection Rating Only: C7. N Number:		C8. Serial Number:	

III. RECORD OF EXPERIENCE OR TRAINING Continue additional information on a separate sheet if necessary. ☐ Mark this box if separate sheet attached for additional information.

1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State)

IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.

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. I have also read and understand the Privacy Act statement that accompanies this form.

Applicant's Signature <i>Julie Huey Battery</i>	Date (MM/DD/YYYY) 08/31/2022
--	--

FAA Form 8610-3 (09-20) Page 1 of 2

2/13/23

N 8900.651
Appendix Q

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Battery, Julie, Huey	Date of Birth (MM/DD/YYYY): 05/14/1983	Certificate Number (if any): Pilot, Amateur Built Repairman 4433221
--	--	---

V. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
B. Have you ever been convicted of violation of any Federal or state statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature <i>Julie Huey Battery</i>	Date (MM/DD/YYYY) <i>09/01/2022</i>

VI. FAA EXAMINER'S REPORT

I have examined this applicant's papers, and I have indicated the result as: <input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued) <input type="checkbox"/> DISAPPROVED	
FAA Signature (Print Name and Sign) Francis A. Adams <small>Digitally signed by FRANCIS A. ADAMS Date: 2022.09.01 10:24:08 -06'00'</small>	Date (MM/DD/YYYY) 09/01/2022
FAA Office/Designation No. SW 15	

REMARKS

--

ATTACHMENTS

<input type="checkbox"/> Letter
<input checked="" type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Other <u>See Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government issued Photo ID)

Form of ID Drivers License	State or Country Montana
ID Number 74019750	Expiration Date 05/14/2023
Telephone No NONE	Email Address NONE

FAA FILE REVIEW (For FAA Office Use Only)


FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office

Appendix R. Sample FAA Form 8610-3, Application for Light-Sport Aircraft Repairman Certificate – Inspection Rating (§ 65.107)

Note: This application was processed entirely electronically. The applicant signed electronically by typing their name in Section IV, then sent it digitally to the FAA. The ASI approved and signed in Section VI using their FAA PIV card certificate.

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

 Airman Certificate and/or Rating Application – Repairman (14 CFR Part 65)							
<input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING/PRIVILEGES <input type="checkbox"/> OTHER _____		<input type="checkbox"/> § 65.101 REPAIRMAN		<input type="checkbox"/> § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN		<input checked="" type="checkbox"/> § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN <input checked="" type="checkbox"/> Inspection Rating <input type="checkbox"/> Maintenance Rating	
I. APPLICANT INFORMATION							
A. Name (Last, First, Middle)			B. Date of Birth (MM/DD/YYYY)		C. Place of Birth (City and State) or (City and Country)		
Brown, James, Howard			05/14/1993		Bearclaw, MT		
D. Height (Inches)	E. Weight (Pounds)	F. Hair Color (Spell out)	G. Eye Color (Spell out)	H. Sex	I. Citizenship / Nationality:		
69	256	Blond	Green	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____		
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached.		J2. Mailing Address (will show on certificate) <input checked="" type="checkbox"/> Same as J1.		K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: <u>Sport Pilot 7777777</u>			
2450 West Main Street Bearclaw, MT 55555				L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
				M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and §91.19(a). <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____							
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A below. Continue additional information on a separate sheet if necessary.							
A1. Specify Repairman Privileges/Limitations Requested:							
<input type="checkbox"/> A. § 65.101 REPAIRMAN <input type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN <input checked="" type="checkbox"/> C. § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN							
A2. <input type="checkbox"/> I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations.							
B1. Make		B2. Model		B3. Serial Number		B4. Certification Date	
C1. LSA Class: <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Powered Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Gyroplane (Insp. Rating Only)							
C2. LSA Training Course Provider Bear Valley Technical College				C3. Course Name LSA Airplane Inspection			
C4. Course Number: LSRIP00012344				C5. Course Completion Date: 07/15/2022		C6. Course Hours: 16	
For Inspection Rating Only: C7. N Number: N1234L				C8. Serial Number: 101			
III. RECORD OF EXPERIENCE OR TRAINING Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional information.							
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State)					
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.							
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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.							
Applicant's Signature J.H. Brown						Date (MM/DD/YYYY) 08/22/2022	

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Brown, James, Howard	Date of Birth (MM/DD/YYYY): 05/14/1993	Certificate Number (if any): Sport Pilot 7777777
--	--	--

V. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature	Date (MM/DD/YYYY)

VI. FAA EXAMINER'S REPORT

I have examined this applicant's papers, and I have indicated the result as: <input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued) <input type="checkbox"/> DISAPPROVED		
FAA Signature (Print Name and Sign) Francis A. Adams <small>Digitally signed by FRANCIS A. ADAMS Date: 2022.08.22 11:23:08 -05'00'</small>	Date (MM/DD/YYYY) 08/22/2022	FAA Office/Designation No. SW 15

REMARKS

ATTACHMENTS

<input type="checkbox"/> Letter
<input checked="" type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Other <u>See Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government issued Photo ID)

Form of ID Drivers License	State or Country Montana
ID Number 999999999	Expiration Date 05/14/2029
Telephone No 555-555-5555	Email Address NONE

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
-------------------------------------	-------------------	------------

Appendix S. Sample FAA Form 8610-3, Application for Light-Sport Aircraft Repairman Certificate – Maintenance Rating (§ 65.107)

TYPE OR PRINT ALL ENTRIES IN DARK INK

Expiration Date: 03/31/2025

Airman Certificate and/or Rating Application – Repairman (14 CFR Part 65)													
<input type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> § 65.101 REPAIRMAN <input type="checkbox"/> § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN <input checked="" type="checkbox"/> § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN <input checked="" type="checkbox"/> ADDED RATING/PRIVILEGES <input type="checkbox"/> Inspection Rating <input type="checkbox"/> OTHER _____ <input checked="" type="checkbox"/> Maintenance Rating													
I. APPLICANT INFORMATION													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Name (Last, First, Middle) Brown, James Howard</td> <td>B. Date of Birth (MM/DD/YYYY) 05/14/1993</td> <td>C. Place of Birth (City and State) or (City and Country) Bearclaw, MT</td> </tr> <tr> <td>D. Height (Inches) 69</td> <td>E. Weight (Pounds) 256</td> <td>F. Hair Color (Spell out) Blond</td> <td>G. Eye Color (Spell out) Green</td> </tr> <tr> <td colspan="2">H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</td> <td colspan="2">I. Citizenship / Nationality: <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____</td> </tr> </table>		A. Name (Last, First, Middle) Brown, James Howard		B. Date of Birth (MM/DD/YYYY) 05/14/1993	C. Place of Birth (City and State) or (City and Country) Bearclaw, MT	D. Height (Inches) 69	E. Weight (Pounds) 256	F. Hair Color (Spell out) Blond	G. Eye Color (Spell out) Green	H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		I. Citizenship / Nationality: <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
A. Name (Last, First, Middle) Brown, James Howard		B. Date of Birth (MM/DD/YYYY) 05/14/1993	C. Place of Birth (City and State) or (City and Country) Bearclaw, MT										
D. Height (Inches) 69	E. Weight (Pounds) 256	F. Hair Color (Spell out) Blond	G. Eye Color (Spell out) Green										
H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		I. Citizenship / Nationality: <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 2450 West Main Street Bearclaw, MT 55555</td> <td>J2. Mailing Address (will show on certificate) <input checked="" type="checkbox"/> Same as J1.</td> <td> K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: <u>Sport Pilot, Light-Sport Repairman, 7777777</u> L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes </td> </tr> </table>		J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 2450 West Main Street Bearclaw, MT 55555		J2. Mailing Address (will show on certificate) <input checked="" type="checkbox"/> Same as J1.	K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: <u>Sport Pilot, Light-Sport Repairman, 7777777</u> L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes								
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 2450 West Main Street Bearclaw, MT 55555		J2. Mailing Address (will show on certificate) <input checked="" type="checkbox"/> Same as J1.	K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Certificate type and number: <u>Sport Pilot, Light-Sport Repairman, 7777777</u> L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes										
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a). <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): <u>01/01/2030</u>													
II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A below. Continue additional information on a separate sheet if necessary.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> <input type="checkbox"/> A. § 65.101 REPAIRMAN A1. Specify Repairman Privileges/Limitations Requested: A2. <input type="checkbox"/> I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations. </td> <td colspan="2"> <input type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN B1. Make B2. Model B3. Serial Number B4. Certification Date </td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> C. § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN C1. LSA Class: <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Powered Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Gyroplane (Insp. Rating Only) C2. LSA Training Course Provider Bear Valley Technology Center C3. Course Name LSA Airplane Maintenance C4. Course Number: LSAM00012355 C5. Course Completion Date: 09/30/2022 C6. Course Hours: 120 For Inspection Rating Only: C7. N Number: C8. Serial Number: </td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> A. § 65.101 REPAIRMAN A1. Specify Repairman Privileges/Limitations Requested: A2. <input type="checkbox"/> I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations.		<input type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN B1. Make B2. Model B3. Serial Number B4. Certification Date		<input checked="" type="checkbox"/> C. § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN C1. LSA Class: <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Powered Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Gyroplane (Insp. Rating Only) C2. LSA Training Course Provider Bear Valley Technology Center C3. Course Name LSA Airplane Maintenance C4. Course Number: LSAM00012355 C5. Course Completion Date: 09/30/2022 C6. Course Hours: 120 For Inspection Rating Only: C7. N Number: C8. Serial Number:							
<input type="checkbox"/> A. § 65.101 REPAIRMAN A1. Specify Repairman Privileges/Limitations Requested: A2. <input type="checkbox"/> I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations.		<input type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN B1. Make B2. Model B3. Serial Number B4. Certification Date											
<input checked="" type="checkbox"/> C. § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN C1. LSA Class: <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Glider <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Powered Parachute <input type="checkbox"/> Weight-Shift-Control <input type="checkbox"/> Gyroplane (Insp. Rating Only) C2. LSA Training Course Provider Bear Valley Technology Center C3. Course Name LSA Airplane Maintenance C4. Course Number: LSAM00012355 C5. Course Completion Date: 09/30/2022 C6. Course Hours: 120 For Inspection Rating Only: C7. N Number: C8. Serial Number:													
III. RECORD OF EXPERIENCE OR TRAINING Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional information.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. DATE FROM (MM/YYYY)</td> <td>2. DATE TO (MM/YYYY)</td> <td>3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State)</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State)									
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State)											
IV. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time application is made.													
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 <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Applicant's Signature <i>JH Brown</i></td> <td>Date (MM/DD/YYYY) 10/05/2022</td> </tr> </table>		Applicant's Signature <i>JH Brown</i>	Date (MM/DD/YYYY) 10/05/2022										
Applicant's Signature <i>JH Brown</i>	Date (MM/DD/YYYY) 10/05/2022												

APPLICANT INFORMATION (Required if application is printed on 2 pages)

Name (as shown on page 1 of application): Brown, James Howard	Date of Birth (MM/DD/YYYY): 05/14/1993	Certificate Number (if any): Sport Pilot, Lt-Sport Repairman, 7777777
---	--	---

V. APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature	Date (MM/DD/YYYY)

VI. FAA EXAMINER'S REPORT

I have examined this applicant's papers, and I have indicated the result as: <input checked="" type="checkbox"/> APPROVED (Temporary Certificate Issued) <input type="checkbox"/> DISAPPROVED		
FAA Signature (Print Name and Sign) Francis A. Adams Francois A. Adams	Date (MM/DD/YYYY) 10/05/2022	FAA Office/Designation No. SW 15

REMARKS

--

ATTACHMENTS

<input type="checkbox"/> Letter
<input checked="" type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Other <u>See Remarks block</u>

APPLICANT IDENTIFICATION (ID) (Government issued Photo ID)

Form of ID Drivers license	State or Country Montana
ID Number 99999999	Expiration Date 05/14/2029
Telephone No 555-555-5555	Email Address Isahoward@email.com

FAA FILE REVIEW (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
-------------------------------------	-------------------	------------