

U.S. Department of Transportation

Federal Aviation Administration

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

Paperwork Reduction Act Statement

The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 15 minutes to complete this form. The information collected is required to obtain a benefit and becomes part of the Privacy Act system of records DOT/FAA 847, Aviation Records on Individuals. Please not that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0021.

Privacy Act

The information on the accompanying form is solicited under authority of Title 14 of the code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN) which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act System of records DOT/FAA 847, Aviation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT.FAA 847. Those routine users are: (a) To provide basic airman certification and qualification information to the public upon request. (b) To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airman apprehension of drug-law violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Submission of your Social Security Number is voluntary. Disclosure of your SSN will facilitate maintenance of your records which are maintained in alphabetical order and cross references with your SSN and airman certificate number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

If an electronic form is not printed on a duplex printer, the applicant's name, date of birth, and certificate number (if applicable) must be furnished on the reverse side of the application. This information is required for identification purposes. The telephone number and E-mail address are optional

| U.S. Dep Federal A | | of Transpo Administra | | Airma | an Cei | rtifica | ite an | d/or Ra | ating A | Applic | ation | – Spo | ort Pil | lot | | | |
|--|---|--------------------------|--------------|--|---|--------------------------|-------------------------------------|------------|----------------------------------|------------------------------|--|------------------------------------|---|-------------------------------|------------------------------------|----------------------------------|--|
| I. Applicatio | n Informatic | n | Air | udent plane [ght Instructo examinatior | - | ne [| P Balloon Initial Jance of | rivate | Ship Renewal | roficiency Glider | _ | wered Par Reinstat | ement | _ | ight Shift Co | ontrol | |
| A. Name (Last, First, Middle) B. SSN (US only) C. Date of Bit | | | | | | | | | e of Birth | D. Place of Birth | | | | | | | |
| E. Address | | | | | | | | wri | | | | | Do you read, speak, Yes ite & understand the glish language? No | | | | |
| City, State | City, State, Zip Code | | | | | | H. Heig | | I. Weig | ht Ibs. | J. Hair | K. E | - 1 | = | No Vale Female | | |
| M. Do you now hold, or have you ever held an FAA Pilot Certificate? N. Grade Pilot Certificate | | | | | | | | | O. Cert | ificate Nur | mber P | . Date Issu | | | | | |
| , | Q. Do you hold a Yes No Wedical Certificate? No | | | | | | | | S. Date Issued T. Nam | | | | e of Examiner | | | | |
| · · | U. Do you hold a US Yes V. License Number W. State of Issuance X. Date Issued Y. Expiration Date Driver's License? No | | | | | | | | | ate | | | | | | | |
| | Za. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances. Zb. Date of Final Conviction | | | | | | | | | onviction | | | | | | | |
| If Certificat | te, Privileg | e or Rating | Applied | For on Basi | s of: | | | | | | | | | | | | |
| | A. Completion of Required Test 1. Aircraft to be used (if flight test required) 2a. Total Time in this aircraft SIM/FTD 2b. Pilot in Command 1) 1) 1) | | | | | | | | | | | | | | | | |
| | | | ation of Tra | aining Agency or Training Center | | | | | | | hours 1) hours 1a. Certification Number | | | | | | |
| Ap | proved/Ac purse | ccepted | 2. Curr | iculum Fron | n Which Gr | aduated | | | 3. Date | | | | | | | | |
| | | | | 1. Country | | | | 2. Grade | 2. Grade of License | | | | | 3. Number | | | |
| Fo | C. Holder of Foreign License Issued By 4. Ratings | | | | | | | | | | | | | | | | |
| III. Record | d of Pilot T | ïme (Do no | ot write in | the shaded | | | | | | | | | | | | | |
| | Total | Instruction Received | Solo | Pilot In Command (PIC) | Cross Country Instruction Received | Cross Country Solo | Cross Country PIC | Instrument | Night Instruction Received | Night Takeoff Landings | Night PIC | Night Takeoff Landing PIC | Number of Flights | Number of Aero- Tows | Number of Ground Launches | Number of Powered Launches | |
| Airplanes | | | | PIC | | | PIC | | | | PIC | PIC | | | | | |
| | | | | SIC | | | SIC | | | | SIC | SIC | | | | | |
| Rotor- craft | | | | PIC | | | PIC | | | | PIC | PIC | | | | | |
| (Gyroplane Only) | | | | SIC | | | SIC | | | | SIC | SIC | | | | | |
| Gliders | | | | | | | | | | | | | | | | | |
| Lighter Than Air | | | | | | | | | | | | | | | | | |
| Weightshift Control | | | | | | | | | | | | | | | | | |
| Powered Parachute | | | | | | | | | | | | | | | | | |
| IV. Have y | you failed | a test for th | is certifica | ate, privilege | e or rating? | | | Yes | | No | | | | | | | |
| | | | | statements ance of any FA | | | | | | | | | | | agree that th | ney are to | |
| Signature | of Applica | nt | | ÷ | | | | | | ÷ | | | Date | | | | |
| EAA Form | 0740 44 // | | | | | | | | | | | | I | | | | |

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| Date Instructor's Signature (Print name & Sign) Certificate No. Certificate Representative No. This applicant has successfully completed our resime without further | Instructor's Recommendation I have personally instructed the applicant and consider this person ready to take the test. | | | | | | | | | |
|--|---|------------------|---------------------------------------|-----------------|-----------------|--------|---|------------|-------------|----------------|
| This applicant has successfully completed our | Date | | · · · · · · · · · · · · · · · · · · · | | | | | | Certificate | Expires |
| This applicant has successfully completed our | | | | | | | | | | |
| | This applicant has s | uccessfully cor | - | icy's Recomi | mendation | | | | C | ourse and is |
| Date Agency Name and Number Official's Signature Tale Tale But official's Signature Tale Signature But official's Signature Duration of Test Cartificate or Rating for which tested Type(s) of Arctaft Used Type(s) of Arctaft Used Type(s) of Arctaft Used I have personaly rested this applicant Notice Si | | | • | | | | test | | (| |
| | | | · · · | | | | | gnature | | |
| | | | | | | | Title | | | |
| Evolute Piot Cutificate Issued (Copy Matched) Howe personally tested the applicant product and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot cetificate, privilego or anticur, and nave returned the certificate. Howe personally tested that applicant in accordance with pertinent procedures and standards with the result indicated below. Bapproved – Temporry Certificate Issued (Original Attached) Certificate or Rating for which tested Type(s) of Aircraft Used Typ | | | Designated Eventines of Ai | una an Cautifia | otion Donne | | | | | |
| Ground Simulator/FTD Flight SiM Certificate or Rating for which tested Type(s) of Alrcraft Used 1 Registration Ne(s) 1 1 Date Examiner's Signature (Print Name & Sign) Certificate No. Designation No. Designation Expires Inhave successfully reviewed this applicants piot logoks and/or training record and certify the individual meets the perfinent requirements of 14 CFR part 61 (Subparts K (51.419) or 161.521) for the proficiency check sought. Inhave personally tested this applicant piot concept check sought. Inhave personally tested this applicant piot concept check sought. Inhave personally tested this applicant conducts and/or training record and certify the individual meets the perfinent requirements of 14 CFR part 61 (Subparts K or J), and find the applicant proficiency theck sought. Inhave personally tested this applicant in accordance with the perfinent proficiency check: Satisfactory Umastafactory Date Instructor's Signature (Print Name & Sign) Certificate No. Expiration Date: Approved – Temporary Certificate Issued (Original Attached) Disapproved – Disapproved Notice Issued (Original Attached) Proficiency Check: Satisfactory Location of Test (Facility, City, State) Certificate or Rating for which tested Type(s) of Arcraft Used 1 2 Certificate or Rating for which tested Type(s) of Arcr | Student Pilot Certificate Issued (Copy Attached) I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate, privilege or rating sought. I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. Approved – Temporary Certificate Issued (Original Attached) | | | | | | | | | |
| SIM 1) Certificate or Rating for which tested 1ype(s) of Aircraft Used Registration No(s) Date Examiner's Signature (Print Name & Sign) Certificate No. Designation No. Date Proficiency Check - Instructor's Record Inave successfully reviewed this applicants pilot logbook and/or training record and certify the individual meets the periment requirements of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in | Location of Test (Facili | | | | , | | | Duration | of Test | |
| Certificate or Rating for which tested Type(s) of Aircraft Used Fegistration No(s) 1) Date Examiner's Signature (Print Name & Sign) Certificate No. Designation No. Designation Expires Image: Date Examiner's Signature (Print Name & Sign) Certificate No. Designation No. Designation Expires Image: Date Proficiency Check – Instructor's Record Image: Date No. Designation No. Designation Expires Image: Date Inave successfully reviewed this applicant proficient procedures and standards of 14 CFR pert 61 (Subparts K or J), and find the applicant proficient image: Date No. Expiration Date: Expiration Date: Image: Date Instructor's Signature (Print Name & Sign) Certificate No. Expiration Date: Image: Date Instructor's Signature (Print Name & Sign) Certificate No. Expiration Date: Image: Date Instructor's Signature (Print Name & Sign) Certificate No. Expiration Date: Image: Date Instructor's Signature (Print Name & Sign) Certificate No. Expiration Date: Image: Date Signature (Print Name & Sign) Certificate No. Expiration Date: Certificate No. Imave personally tested this applicant in accordance w | | | | | | | Ground | | or/FTD | • |
| 1) 1) Date Examiner's Signature (Print Name & Sign) Certificate No. Designation No. Designation Expires I have successfully reviewed this applicants pilot logbox and/or training record and certify the individual meets the perfinent requirements of 14 CFR part 61 (Subparts K (6149) or 16(5.21) for the proficiency Check. I have personally tested this applicant in accordance with the perfinent procedures and standards of 14 CFR perf 61 (Subparts K or J), and find the applicant proficient in and | | | | | | | | | | |
| Date Examiner's Signature (Print Name & Sign) Certificate No. Designation No. Designation Expires Proficiency Check – Instructor's Record I have successfully reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K or J), and find the applicant proficiency check sought. I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR pert 61 (Subparts K or J), and find the applicant proficient requirements with the result indicated below. Date Instructor's Signature (Print Name & Sign) Certificate No. Expiration Date: Aviation Safety Inspector or Technician Report I have personally tested this applicant in accordance with or have otherwise verified that this applicant compiles with pertinent procedures, standards, policies, and or necessary requirements with the result indicate below. Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: Satisfactory Unsatisfactory Duration of Test Cartificate Issued (Original Attached) Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: Satisfactory Location of Test (Facility, City, State) Duration of Test Ground Simulator/TD I Certificate or Rating Based on escordance with hexprowed Based on escordance with e | Certificate or Rating for | r which tested | | | raft Used | | Ũ | No(s) | | |
| I have successfully reviewed this applicants plot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in | Date | Exar | miner's Signature (Print Name & Sign) | 1) | Certificate No. | | , | No. | Design | ation Expires |
| Aviation Safety Inspector or Technician Report I have personally lested this applicant in accordance with or have otherwise verified that this applicant compiles with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. Approved – Temporary Certificate Issued (Original Attached) Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: Satisfactory Unsatisfactory Location of Test (Facility, City, State) Duration of Test Flight Certificate or Rating for which tested Type(s) of Aircraft Used Registration No(s) 1) 2) 1) 2) Student Pilot Certificate Issued Certificate or Rating Based on Flight Instructor AccePTED REJECTED Approved FAA Qualification Criteria Reeinstatement AccePTED REJECTED Other Approved FAA Qualification Criteria Date Training Course (FIRC) Name Graduation Certificate No. Date Date Inspector's Signature (Print Name & Sign) Certificate No. FAA District Office Attachments: Airman's Identification (ID) ID: Name: Struet of Birth: Certificate No. FAA District Office Modiee of Disapproval Fern of ID Date of Bir | I have successfully reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J{61.321} for the proficiency check sought. I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR pert 61 (Subparts K or J), and find the applicant proficient in and light-sport aircraft. | | | | | | | | | |
| In have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or mecessary requirements with the result indicated below. | Date | Instructor's | | , | | | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | Expiration | n Date: | |
| Ground Simulator/FTD Flight Simulator/FTD 1) 1) 1) 2) Certificate or Rating for which tested Type(s) of Aircraft Used 1) Registration No(s) 1) 2) Student Pilot Certificate Issued Certificate or Rating Based on ACCEPTED Flight Instructor Renewal Reinstatement Instructor Renewal Based on Activity Training Course Reissue or Exchange of Pilot Certificate Other Approved FAA Qualification Criteria Graduation Certificate No. Date Date Inspector's Signature (Print Name & Sign) Certificate No. FAA District Office Attachments: Airman's Identification (ID) ID: ID: Student Pilot Certificate (Copy) Form of ID Name: ID: Student Pilot Certificate Number Certificate Number: ID: Notice of Disapproval Expiration Date Email Address: ID: | I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. Approved – Temporary Certificate Issued (Original Attached) Disapproved – Disapproval Notice Issued (Original Attached) | | | | | | | | | |
| SiM() 1) Certificate or Rating for which tested Type(s) of Aircraft Used Registration No(s) 1) 2) 1) 2) Student Pilot Certificate Issued Certificate or Rating Based on Flight Instructor ACCEPTED REJECTED Approved Course Graduate Renewal Reinstatement ACCEPTED REJECTED Approved Course Graduate Activity Training Course Training Course (FIRC) Name Other Approved FAA Qualification Criteria Graduation Certificate No. FAA District Office Date Inspector's Signature (Print Name & Sign) ID: ID: ID: Student Pilot Certificate (Copy) Form of ID Date of Birth: ID: Student Pilot Certificate (Copy) Form of ID Date of Birth: ID: Temporary Airman Certificate Number Certificate Number: ID: Notice of Disapproval Expiration Date Email Address: Imail Address: | Location of Test (Facili | ty, City, State) | | | | _ | | | | |
| Certificate or Rating for which tested Type(s) of Aircraft Used 1) Registration No(s) 1) Student Pilot Certificate Issued Certificate or Rating Based on Foreign License Flight Instructor ACCEPTED REJECTED Approved Course Graduate Renewal Reinstatement Instructor Renewal Based on Activity Training Course Training Course (FIRC) Name Other Approved FAA Qualification Criteria Graduation Certificate No. Date Date Inspector's Signature (Print Name & Sign) Certificate (Copy) ID: Student Pilot Certificate (Copy) Form of ID ID: Knowledge Test Report Number Date of Birth: Temporary Airman Certificate Number Certificate Number: Notice of Disapproval Expiration Date Expiration Date | | | | | | | Ground | SIM) | or/FTD | 1) |
| Examiner's Recommendation Foreign License Reinstatement ACCEPTED REJECTED Approved Course Graduate Instructor Renewal Based on Activity Training Course Other Approved FAA Qualification Criteria Activity Training Course Training Course (FIRC) Name Graduation Certificate No. Date Date Date Inspector's Signature (Print Name & Sign) Certificate No. FAA District Office Attachments: Airman's Identification (ID) ID: ID: Student Pilot Certificate Number Date of Birth: ID: Temporary Airman Certificate Number Certificate Number: ID: Notice of Disapproval Expiration Date Email Address: Imail Address: | Certificate or Rating for | r which tested | | | Ũ | | | | | |
| Date Inspector's Signature (Print Name & Sign) Certificate No. FAA District Office Attachments: Airman's Identification (ID) ID: ID: Student Pilot Certificate (Copy) Form of ID Name: ID: Knowledge Test Report Date of Birth: ID: ID: Temporary Airman Certificate Number Certificate Number: ID: Notice of Disapproval Expiration Date Email Address: ID: | Examiner's Recommendation Foreign License Reinewal Reinstatement ACCEPTED REJECTED Approved Course Graduate Instructor Renewal Based on Reissue or Exchange of Pilot Certificate Other Approved FAA Qualification Criteria Activity Training Course | | | | | | | | | |
| Attachments: | Training Course (FIRC |) Name | | | | Gradua | tion Certificate I | No. | Date | |
| Student Pilot Certificate (Copy) Form of ID Knowledge Test Report Date of Birth: Temporary Airman Certificate Number Notice of Disapproval Expiration Date Expiration Date Email Address: | Date | Inspector's Sig | gnature (Print Name & Sign) | | | | Certificate No. | | FAA D | istrict Office |
| Form of ID Knowledge Test Report Temporary Airman Certificate Number Expiration Date | Attachments: | - | Airman's Identification (ID) | | I | D: | | | - | |
| Knowledge Test Report Date of Birth: Temporary Airman Certificate Number Notice of Disapproval Expiration Date | | | | | | | | | | |
| Temporary Airman Certificate Number Notice of Disapproval Expiration Date Superseded Airman Certificate Email Address: | Knowledge Test Report | | | | | | | | | |
| Notice of Disapproval Expiration Date Email Address: | Temporary Airmar | n Certificate | Number | | | | | | | |
| | Notice of Disappro | oval | Expiration Date | Certifi | cate Number: | | | | | |
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| FAA Form | 8710-11 | (02-04) |
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| U.S. Department of Transportation Federal Aviation Administration | Certificate and/or Rating Application – Sport Pilot |
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| | DITIONAL ADDRESS INFORMATION |
| Name (Last, First, Middle) | |
| Social Security Number | |
| Certificate Number | |
| Date Issued | |
| Permanent Mailing Address: | Address the applicant requests the certificate to be sent: |
| Street | Street |
| P.O. Box | P.O. Box |
| City, State, Zip Code | City, State, Zip Code |
| Comments: | |
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