



US Department
of Transportation
**Federal Aviation
Administration**

AIRMAN CERTIFICATE And/Or RATING APPLICATION

Supplemental Information and Instruction

Privacy Act Statement

The information on the accompanying form is solicited under the authority of Title 14, Code of Federal Regulations, Parts 61 and 143.

Submission of all the data is mandatory except for the Social Security Number which is voluntary.

The purpose of the information is to establish eligibility for certification and/or airman rating. The data will be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Certification cannot be completed unless the data is complete.

The information on this form will become part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals, and therefore subject to the conditions of that published system. The routine uses are as follows: (a) to provide basic airmen 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 airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and 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 a judicial proceeding before the court or involved in administrative proceedings before the tribunal, and (f) to disclose as described in the general routine uses listed in the Prefatory Statement for the Department of Transportation. Disclosures may also be made from these systems to consumer reporting agencies collecting on behalf of the U.S. Government.

Submission of your Social Security Number (SSN) is optional. If you provide your SSN, it will also be used as your airman certificate number. This will facilitate the proper maintenance of your records, which are maintained in alphabetical order and cross referenced with your SSN and airman number to provide accurate and prompt access. If you do not provide your SSN, a unique number will be assigned to you as your airman certificate number.

Agency Display of Estimated Burden: The FM estimates that the average burden for this report form is 15 minutes per response. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, Flight Standards Service Division, AFS-840, 800 Independence Avenue, SW, Washington, DC 20591, Attention: OMB number 2120-0021

Instruction for completing this form (FAA 8710-1) are on the reverse.
Tear off this cover sheet before submitting this form.

**AIRMAN CERTIFICATE AND/OR RATING APPLICATION
INSTRUCTIONS FOR COMPLETING FAA FORM 8710-1**

I. APPLICATION INFORMATION *Check appropriate block(s).*

Block A. Name. Enter legal name but no more than one middle name for record purposes and do not change the name on subsequent applications unless it is done in accordance with FAR Section 61.25. If you have no middle name, enter "NMN." If you have a middle initial only, indicate "Initial only." If you are a Jr., or a 2nd or 3rd, so indicate. If you have an FAA pilot certificate, the name on the application should be the same as the name on the certificate unless you have had it changed in accordance with FAR Section 61.25.

Block B. Social Security Number. Optional: See supplemental Information Privacy Act. Do not leave blank: Enter either SSN or the words "Do not use" or "None."

Block C. Date of Birth. Check for accuracy. Enter six digits: Use numeric characters, i.e.; 07-09-25 instead of July 9, 1925. Check to see that DOB is the same as it is on the medical certificate.

Block D. Place of Birth. If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country where you were born.

Block E. Permanent Mailing Address. The residence number and street, or when applicable, P.O. Box or rural route number goes in the top part of the block above the line. The City, State, and ZIP code go in the bottom part of the block below the line. Check for accuracy. Make sure the numbers are not transposed. FAA policy requires that you use your permanent mailing address. **Justification must be provided on a separate sheet of paper and submitted with the application when a P.O. Box or rural route number is used in place of your permanent address.**

Block F. Nationality. Check USA if applicable. If not, enter the country where you are a citizen.

Block G. Do You Read, Speak, and Understand English? Check yes or no.

Block H. Height. Enter your height in inches. Example: 5'9" should be entered as 69 in. No fractions. Whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions. Whole pounds only.

Block J. Hair. Spell out the color of your hair. If bald, enter "Bald." Color should be listed as black, red, brown, blond, or gray. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block K. Eyes. Spell out the color of your eyes. The color should be listed as blue, brown, black, hazel, green, or gray.

Block L. Sex. Check male or female.

Block M. Do You Now Hold or Have You Ever Held An FAA Pilot Certificate? Check yes or no. (NOTE: A student pilot certificate is a "Pilot Certificate.")

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

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

Block P. Date Issued. Date your pilot certificate was issued.

Block Q. Do You Now Hold A Medical Certificate? Check yes or no. If yes, complete Blocks R, S, and T.

Block R. Class of Certificate. Enter the class as shown on the medical certificate, i.e., 1 st, 2nd, or 3rd class.

Block S. Date Issued. Date your medical certificate was issued.

Block T. Name of Examiner. As shown on the medical certificate.

Block U. Narcotics, Drugs, Alcohol. Check appropriate block. This should be checked "Yes" only if you have been actually convicted. If you have been charged with a violation which has not been adjudicated, check "No."

Block V. If block "U" was checked "Yes" give the date of final conviction.

Block W. Glider or free balloon pilots should sign the medical certification in this block, if you do not hold a medical certificate. If you hold a medical certificate, be sure Blocks Q, R, S, and T are completed.

Block X. Date. Date you sign this self-certification statement.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF Block A. Completion of Required Test.

1. AIRCRAFT TO BE USED (If flight test required) —Make and model. If more than one aircraft is to be used, indicate such.
2. TOTAL TIME IN THIS AIRCRAFT TYPE (Hrs.) —(a) Total Flight Time - In each make and model. (b) Pilot-In-Command Flight Time - In each make and model.

Block B. Military Competence Obtained In. Enter your branch of service, date rated as a military pilot, your rank or grade and service number, and the military aircraft in which you have flown 10 hours as pilot in command in the last 12 months in the boxes indicated.

Block C. Graduate of Approved Course.

1. NAME AND LOCATION OF TRAINING AGENCY / CENTER. As shown on the graduation certificate. Be sure the location is entered.
2. AGENCY SCHOOL/CENTER CERTIFICATION NUMBER. As shown on the graduation certificate.
3. CURRICULUM FROM WHICH GRADUATED. As shown on the graduation certificate.
4. DATE. Date of graduation from indicated course. Approved course graduate must also complete Block "A" COMPLETION OF REQUIRED TEST.

Block D. Holder of Foreign License Issued By.

1. COUNTRY. Country which issued the license.
2. GRADE OF LICENSE. Grade of license issued, i.e., private, commercial, etc.
3. NUMBER. Number which appears on the license.
4. RATINGS. All ratings that appear on the license.

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

1. Name of Air Carrier
2. Date program was completed.
3. Identify the Training Curriculum

III. Record of Pilot Time. The minimum pilot experience required by the appropriate regulation must be entered. It is recommended, however, that ALL pilot time be entered. If decimal points are used, be sure they are legible. Night flying must be entered when required. You should fill in the blocks that apply, and ignore the blocks that do not. Training Device/Simulator. Total, instruction received, and Instrument Time should be entered in the top or bottom half of the boxes provided as appropriate.

IV. Have You Failed A Test For This Certificate or Rating Within The Past 30 Days? Check appropriate blocks.

V. Applicant's Certification.

- A. SIGNATURE. The way you normally sign your name.
- B. DATE. The date you sign the application.



Airman Certificate and/or Rating Application

I. Application Information Student Recreational Private Commercial Airline Transport Instrument
 Additional Aircraft Rating Airplane Single-Engine Airplane Multiengine Rotorcraft Glider Lighter-Than-Air
 Flight Instructor Initial _____ Renewal _____ Reinstatement Additional Instructor Rating Ground Instructor
 Medical Flight Test Reexamination Reissuance of _____ Certificate Other _____

A. Name (Last, first, middle) _____ **B. SSN** (US Only) _____ **C. Date of Birth** Mo. Day Year _____ **D. Place of Birth** _____

E. Address (Please see Instructions Before Completing) _____
City, State, Zip Code _____ **F. Nationality** (Citizenship) Specify _____
 USA Other _____ **G. Do you read, speak and understand English?**
 Yes No **H. Height** In. _____ **I. Weight** Lbs. _____ **J. Hair** _____ **K. Eyes** _____ **L. Sex**
 Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate?
 Yes No **N. Grade Pilot Certificate** _____ **O. Certificate Number** _____ **P. Date Issued** _____

Q. Do you hold a Medical Certificate? Yes No **R. Class of Certificate** _____ **S. Date Issued** _____ **T. Name of Examiner** _____

U. Have you been convicted for violation of Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances
 Yes No **V. Date of Final Conviction** _____

W. Glider or Free Balloon Pilots only: *Medical Statement: I have no known physical defect which makes me unable to pilot a glider or free balloon.* _____ **Signature** _____ **X. Date** _____

II. Certificate or Rating Applied For on Basis of:

A. Completion of Required Test 1. Aircraft to be used (if flight test required) _____ 2a. Total time in this aircraft _____ hours 2b. Pilot in command _____ hours

B. Military Competence Obtained in 1. Service _____ 2. Date Rated _____ 3. Rank or Grade and Service Number _____
4. Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft.

C. Graduate of Approved Course 1. Name and Location of Training Agency or Training Center _____ 1a. Certification Number _____
2. Curriculum from Which Graduated _____ 3. Date _____

D. Holder of Foreign License Issued By 1. Country _____ 2. Grade or License _____ 3. Number _____
4. Ratings _____

E. Completion of Air Carrier's Approved Training Program 1. Name of Air Carrier _____ 2. Date _____ 3. Which Curriculum
 Initial Upgrade Transition

III. Record of Pilot time (Do not write in the shaded areas.)

	Total	Instruction Received	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instruction Received	Night Take-off/Landing	Night Pilot in Command	Night Take-off/Landing Pilot in Command	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches	Number of Free Flights	
Airplanes																			
Rotorcraft																			
Gliders																			
Lighter than Air																			
Training Device Simulator																			

IV. Have you failed a test for this certificate or rating? Yes No **Within the Past 30 days?** Yes No

V. Applicant's Certification -- I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant _____ Date _____

FAA Use Only

EMP	REG	D.O.	SEAL	CON	ISS	ACT	LEV	TR	S.H.	SRCH	#RTE	RATING (1)							

Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test.

Date	Instructor's Signature	Certificate No:	Certificate Expires
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Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's Signature	
		Title	

Designated Examiner's Report

- Student Pilot Certificate Issued (*Copy attached*)
- I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate 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 (*Copy Attached*)
 - Disapproved—Disapproval Notice Issued (*Copy Attached*)

Location of Test (<i>Facility, City, State</i>)		Duration of Test		
		Ground	Simulator	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)
Date	Examiner's Signature	Certificate No.	Designation No.	Designation Expires

Evaluator's Record For Airline Transport Certificate/Rating Only

	Inspector	Examiner	Signature	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Inspector's Report

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
 Disapproved - Disapproval Notice Issued

Location of Test (<i>Facility, City, State</i>)		Duration of Test		
		Ground	Simulator	Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used		Registration No.(s)

- | | | |
|---|---|--|
| <input type="checkbox"/> Student Pilot Certificate issued
<input type="checkbox"/> Examiner's Recommendation
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED
<input type="checkbox"/> Reissuance or Exchange of Pilot Certificate
<input type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-130 | <input type="checkbox"/> Certificate or Rating Based
<input type="checkbox"/> Military Competence
<input type="checkbox"/> Foreign License
<input type="checkbox"/> Approved Course Graduate
<input type="checkbox"/> Other Approved FAA Qualification Criteria
<input type="checkbox"/> Certificate Issued
<input type="checkbox"/> Certificate Denied | <input type="checkbox"/> Instructor <input type="checkbox"/> Flight <input type="checkbox"/> Ground
<input type="checkbox"/> Renewal <input type="checkbox"/> Approved
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Disapproved
Instructor Renewal Based on
<input type="checkbox"/> Activity <input type="checkbox"/> Training
<input type="checkbox"/> Acquaintance <input type="checkbox"/> Test |
|---|---|--|

Training Course (FIRC) Name		Graduation Certificate No.		Date
Date	Inspector's Signature			FAA District Office

Attachments:

- | | | |
|--|---|--|
| <input type="checkbox"/> Student Pilot Certificate (copy)
<input type="checkbox"/> Report of Written Examination
<input type="checkbox"/> Temporary Pilot Certificate (copy) | <input type="checkbox"/> Airman's Identification (ID)

Form of ID

Number

Expiration Date | <input type="checkbox"/> Notice of Disapproval
<input type="checkbox"/> Superseded Pilot Certificate
<input type="checkbox"/> Answer Sheet Graded
<input type="checkbox"/> Answer Sheet Graded (Foreign Instrument) |
|--|---|--|