

TYPE OR PRINT ALL ENTRIES IN INK

 U.S. Department of Transportation <b>Federal Aviation Administration</b>		<h2 style="margin: 0;">Airman Certificate and/or Rating Application</h2>															
<b>I. APPLICATION INFORMATION</b> (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):																	
<b>Certificates</b> Pilot: <input checked="" type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Flight <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Ground <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP Instructor: <input type="checkbox"/> ASE <input type="checkbox"/> AME <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Helicopter <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Airship <input type="checkbox"/> Powered-Lift Type Rating: <input type="checkbox"/> Added Rating		<b>Ratings</b> Instrument: <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered-Lift <input type="checkbox"/> Added Rating Ground Instructor: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Instrument															
<b>Other Information/Requests</b> <input type="checkbox"/> Initial <input type="checkbox"/> Reexamination <input type="checkbox"/> Instrument Proficiency Check <input type="checkbox"/> Renewal <input type="checkbox"/> Reissuance <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Reinstatement <input type="checkbox"/> Flight Review <input type="checkbox"/> Limitation Removal Specify other: <input type="checkbox"/> IPL																	
A. Name (Last, First, Middle) <b>FLAKE, JACOB ZECHARIAH</b>		B. SSN (US Only) <b>771035694</b>	C. Date of Birth <b>6/14/2001</b>														
D. Place of Birth (City and State) or (City and Country) <b>SARASOTA FL USA</b>																	
E1. Residential Address (Including City, State, Zip Code, and Country) <b>19461 GANTON AVE  BRADENTON FL 34202</b>		E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.)															
F. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other		G. Do you read, speak, write, & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
H. Height (inches) <b>71</b>	I. Weight (pounds) <b>140</b>	J. Hair Color <b>BLOND</b>	K. Eye Color <b>HAZEL</b>														
L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																	
M. Do you hold, or have you ever held an FAA pilot certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		M1. Grade of Certificate <b>FIRST CLASS MEDICAL</b>															
N. Do you hold, or have you ever held a Medical certificate? <input checked="" type="checkbox"/> Yes - FAA <input type="checkbox"/> Yes - Foreign <input type="checkbox"/> Yes - Military <input type="checkbox"/> No		N2. Name of Medical Examiner <b>ARTHUR DROBA, MD</b>															
O. 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? Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		M3. Date Issued <b>5/30/2023</b>															
<b>II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:</b>																	
<input type="checkbox"/> A. Completion of Test or Activity		1. Aircraft to be used (If flight test required) 2. Total time in this aircraft and/or approved FFS or FTD (hours) a. Flight Time b. As Pilot-in-Command															
<input type="checkbox"/> B. U.S. Military Competence or Experience		1. U.S. Military Service 2. Date Rated in U.S. Military 3. Rank or Grade															
<input type="checkbox"/> C. Graduate of an Approved Course		4. List Military aircraft for which you have: a. logged pilot time or provided flight instruction (IP) (make and model) b. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)															
<input type="checkbox"/> D. Holder of Foreign License		1. Training Agency or Training Center: 1a. Name 1b. Location (City and State) 1c. Certification Number 1d. Part 142? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating) 3. Date															
<input type="checkbox"/> E. Air Carrier Training Program		1. Country that Issued the Foreign Pilot License 2. Grade of Foreign Pilot License 3. Foreign Pilot License Number 4. Ratings Held on Foreign Pilot License (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.)															
<input type="checkbox"/> F. Air Carrier Training Program		1. Name of Air Carrier 2. Date Training Began 3. Accomplished Training Program <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition <input type="checkbox"/> Recurrent															
<b>III. RECORD OF PILOT TIME (Do not write in the shaded areas)</b>																	
	Total	Instruction Received	Solo	PIC and SIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Number of				
													Flights	Aero-Tows	Ground Launches	Powered Launches	
Airplanes				PIC			PIC				PIC	PIC	Gliders				
				SIC			SIC				SIC	SIC	Lighter-than-air				
Rotorcraft				PIC			PIC				PIC	PIC	Class Totals				
				SIC			SIC				SIC	SIC	Airplane	SEL	MEL	SES	MES
Powered Lift				PIC			PIC				PIC	PIC	PIC	PIC			
				SIC			SIC				SIC	SIC	SIC	SIC			
Gliders				PIC			PIC				PIC	PIC	Rotorcraft	Helicopter		Gyroplane	
				SIC			SIC				SIC	SIC	Lighter-than-air	Balloon		Airship	
Lighter-Than-Air				PIC			PIC				PIC	PIC	FFS	SE	ME	Helicopter	
				SIC			SIC				SIC	SIC	FTD				
FFS													ATD				
FTD																	
ATD																	
<b>IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate and/or rating for which you are applying?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
<b>V. APPLICANT'S CERTIFICATION:</b> 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.																	
Signature of Applicant <b>JACOB ZECHARIAH FLAKE E-SIGN</b>												Date MM/DD/YYYY <b>09/20/2023 08:20:51 AM</b>					

<input checked="" type="checkbox"/> Accepted Student Pilot Application - I have personally reviewed the applicants information and verified this person meets the eligibility requirements and verified the applicant's identification <input type="checkbox"/> Flight Review <input type="checkbox"/> Instrument Proficiency Check <input type="checkbox"/> Recommendation - I have personally instructed the applicant and consider this person ready to take the test.		<b>Instructor Action</b> <input type="checkbox"/> Rejected Student Pilot Application	
Date 09/20/2023 08:21:36 AM	Authorized Flight Instructor's Signature (Print Name and Sign) ANDRE DUNCAN VON HEBRA E-SIGN	Flight Instructor Certificate Number 4450876	Certificate Expiration Date 7/31/2025
<b>Air Agency's Recommendation</b>			
The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further practical test.			
Date	Agency Name and Number	Official Signature	
<b>Designated Examiner or Airman Certification Representative Report</b>			
<input type="checkbox"/> Accepted - Student Pilot Application <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and I certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. (Original ATP CTP graduation certificate must be attached) <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.		<input type="checkbox"/> Rejected Student Pilot Application <input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.	
<input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)			
Location of Test (Name of Facility or Airport, City, State)		Duration of Test	
		Ground / Oral	FFS / FTD    Flight
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)	Type(s) of Aircraft Used	Registration Number(s)	
Date	Examiner's Signature (Print Name & Sign)	Certificate Number	Designation Number    Designation Expires
<b>Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))</b>			
	Inspector	Examiner	Signature and Certificate Number    Date
Ground / Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approved FFS/FTD 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"/>	_____
<input type="checkbox"/> Accepted - Student Pilot Application <b>Aviation Safety Inspector or Technician Report</b> <input type="checkbox"/> Rejected - Student Pilot Application 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. (The approved box need only checked if the Inspector is the one that issued the temporary airman certificate) <input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.			
<input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)			
Location of Test (Name of Facility or Airport, City, State)		Duration of Practical Test	
		Ground / Oral	FFS / FTD    Flight
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)	Type(s) of Aircraft Used	Registration No.(s)	
Certification Activities: <input type="checkbox"/> Examiner's Recommendation Provided/Reviewed <input type="checkbox"/> Ground Instructor Certificate Issued <input type="checkbox"/> Flight Instructor Certificate Issued <input type="checkbox"/> Approved FAA Qualification <input type="checkbox"/> Military Competency <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Basic <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Criteria Not Identified on Page 1 <input checked="" type="checkbox"/> Application for a Student Pilot Certificate Accepted <input type="checkbox"/> Advanced <input type="checkbox"/> Instructor Renewal Based On: <input type="checkbox"/> Foreign License <input type="checkbox"/> Reissue or exchange of pilot, CFI, or G.I. certificate <input type="checkbox"/> Instrument <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Special medical test conducted - report forwarded to issuing medical office or AAM-300 <input type="checkbox"/> Change of name, nationality, gender or date of birth <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities <input type="checkbox"/> Special Test-Reexamination (44709) conducted <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91) <input type="checkbox"/> Military Instructor Proficiency Check <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Training Course (FIRC) Name		Graduation Certificate Number	Date of FIRC Graduation Certificate
Date	Inspector's Signature (Print Name & Sign)	Certificate Number	FAA Office (e.g SO-15, WP-19) SO15
<b>Attachments:</b> <input type="checkbox"/> Certifying Statement <input type="checkbox"/> College Transcript (Official) <input type="checkbox"/> ATP CTP Graduation Certificate <input type="checkbox"/> Knowledge Test Report <input checked="" type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate		<b>Airman's Identification (ID)</b> (US driver's license or passport recommended) Form of ID USA DRIVER'S LICENSE FL ID Number (If issued by State, include State) F420439012140 Expiration Date (must be valid) 6/14/2025 Telephone Number 9412741479 <input checked="" type="checkbox"/> Meets Aviation English Language Standard <input type="checkbox"/> Does Not Meet Aviation English Language Standard <input type="checkbox"/> Referred to FSDO for Aviation English Language Standard Determination	
		<b>Applicant Information</b> (required if printed on 2 pages) Name FLAKE, JACOB ZECHARIAH Date of Birth 6/14/2001 Certificate Number  E-Mail Address JACOBFLAKE282@GMAIL. COM	
		Remarks:	



Department of Transportation  
Federal Aviation Administration

## Airman Certificate and/or Rating Application

### ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) FLAKE, JACOB ZECHARIAH  
Social Security Number 771035694  
Certificate Number PENDING  
Date Issued

Residential Address:

Mailing Address:

Applicant requests the certificate be  
SPECIAL MAILED to:

19461 GANTON AVE

BRADENTON FL 34202

Map or Directions to Physical Residential Address:

Comments: