

AIRMAN CERTIFICATE AND/OR RATING APPLICATION

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 6.5. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

(a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:

- The type of certificates and ratings held, limitations, date of issuance and certificate number;
- The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.

(b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.

(c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

(d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.

(e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.

(f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).

(g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.

(h) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.

(i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.

(j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.

(k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.

(l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.

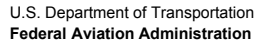
(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78)). For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

TEAR OFF
BEFORE USE

SUPPLEMENTAL
INFORMATION

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0022. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain a benefit per 14 CFR Part 65. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.



<input type="checkbox"/> MECHANIC <input type="checkbox"/> AIRFRAME <input type="checkbox"/> POWERPLANT	<input type="checkbox"/> REPAIRMAN <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; margin-top: -5px;">(Specify Rating)</div>	<input type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> SENIOR <input type="checkbox"/> SEAT <input type="checkbox"/> BACK	<input type="checkbox"/> MASTER <input type="checkbox"/> CHEST <input type="checkbox"/> LAP
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I. APPLICANT INFORMATION

A. NAME (First, Middle, Last)				K. PERMANENT MAILING ADDRESS	
B. SOCIAL SECURITY NO.		C. DOB (Mo., Day., Yr.)		D. HEIGHT IN.	E. WEIGHT
NUMBER AND STREET, P.O. BOX, ETC.					
F. HAIR	G. EYES	H. SEX	I. NATIONALITY (Citizenship)		
CITY					
J. PLACE OF BIRTH				STATE ZIP CODE	
L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?				M. DO YOU NOW OR HAVE YOU EVER HELD AN FAA AIRMAN CERTIFICATE?	
<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," explain on an attached sheet keying to appropriate item number).				<input type="checkbox"/> NO <input type="checkbox"/> YES	
N. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, AND DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES?				SPECIFY TYPE:	
<input type="checkbox"/> NO <input type="checkbox"/> YES				DATE OF FINAL CONVICTION	

**II. CERTIFICATE OR
RATING APPLIED FOR
ON BASIS OF -**

<input type="checkbox"/> A. CIVIL EXPERIENCE		<input type="checkbox"/> B. MILITARY EXPERIENCE		<input type="checkbox"/> C. LETTER OF RECOMMENDATION FOR REPAIRMAN (<i>Attach copy</i>)	
<input type="checkbox"/> D. GRADUATE OF APPROVED COURSE		(1) NAME AND LOCATION OF SCHOOL			
		(2) SCHOOL NO.	(3) CURRICULUM FROM WHICH GRADUATED		(4) DATE
<input type="checkbox"/> E. STUDENT HAS MADE SATISFACTORY PROGRESS AND IS RECOMMENDED TO TAKE THE ORAL/ PRACTICAL TEST (FAR 65.80)		(1) SCHOOL NAME		NO.	(2) SCHOOL OFFICIAL'S SIGNATURE
<input type="checkbox"/> F. SPECIAL AUTHORIZATION TO TAKE MECHANIC'S ORAL/PRACTICAL TEST (FAR 65.80)		(1) DATE AUTH.	(2) DATE AUTH. EXPIRES	(3) FAA INSPECTOR SIGNATURE	
				(4) FAA DIST OFC.	

III. RECORD OF EXPERIENCE

A. MILITARY COMPETANCE OBTAINED IN 		(1) SERVICE		(2) RANK OR PAY LEVEL		(3) MILITARY SPECIALITY CODE	
B. APPLICANT'S OTHER THAN FAA CERTIFICATED SCHOOL GRADUATES. LIST EXPERIENCE RELATING TO CERTIFICATE AND RATING APPLIED FOR. (Continue on separate sheet, if more space is needed).							
DATES: MONTH AND YEAR		EMPLOYER AND LOCATION				TYPE WORK PERFORMED	
FROM	TO						
C. PARACHUTE RIGGER APPLICANTS: INDICATE BY TYPE HOW MANY PARACHUTES PACKED		SEAT	CHEST	BACK	LAP	FOR MASTER RATING ONLY	PACKED AS A - <input type="checkbox"/> SENIOR RIGGER <input type="checkbox"/> MILITARY RIGGER

I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE	
A. SIGNATURE	B. DATE

I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS.	DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE

[illegible]

Results of Oral and Practical Tests

MECHANIC										
I. GENERAL - Airframe and powerplant										
ORAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
PROJ. NO.										
II. AIRFRAME STRUCTURES										
ORAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
PROJ. NO.										
III. AIRFRAME SYSTEMS AND COMPONENTS										
ORAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
PROJ. NO.										
IV. POWERPLANT THEORY AND MAINTENANCE										
ORAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
PROJ. NO.										
V. POWERPLANT SYSTEMS AND COMPONENTS										
ORAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
QUES. NO.										
PRACTICAL TEST			PASS <input type="checkbox"/>		EXPIRATION DATE:			FAIL <input type="checkbox"/>		
PROJ. NO.										

PARACHUTE RIGGER			
TYPE	SEAT	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	BACK	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	CHEST	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	LAP	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
		PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>

REMARKS

DESIGNATED EXAMINER'S REPORT

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I HAVE INDICATED THE RESULT AS:

☐ APPROVED (*Temporary Certificate Issued*)
 ☐ APPROVED (*Temporary Certificate **NOT** Issued*)
☐ DISAPPROVED
 ☐ FAR 65.80 - ORAL/PRACTICAL PASSED

ATTACHMENTS:

☐ REPORT OF WRITTEN TEST
 ☐ SUPERSEDED CERTIFICATE
 ☐ LETTER
☐ FAA FORM 8610-2
 ☐ TEMPORARY CERTIFICATE
 ☐ SEAL SYMBOL CARD

DATE TEST COMPLETED	EXAMINER'S SIGNATURE	DESIGNATION NO.
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APPLICANT'S CERTIFICATION

THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE (FAA FORM 8060-4)

A. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? ☐ NO ☐ Yes If "Yes," explain on an attached sheet.

B. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATES STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? ☐ NO ☐ YES → DATE OF FINAL CONVICTION

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.

A. SIGNATURE

B. DATE

FAA INSPECTOR'S REPORT

I HAVE -

☐ EXAMINED THIS APPLICANT'S PAPERS.
☐ PERSONALLY TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.

WITH THE INDICATED RESULT -

☐ APPROVED
☐ DISAPPROVED

PARACHUTE SEAL SYMBOL ASSIGNED _____

☐ ANSWER SHEET GRADED (Military Competency)

DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE
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