

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

I. APPLICANT INFORMATION

A. Name (Last, First, Middle) Fahmy, George		B. Date of Birth (MM/DD/YYYY) 08/14/1990	C. Place of Birth (City and State) or (City and Country) San Jose, CA		
D. Height (Inches) 73	E. Weight (Pounds) 215	F. Hair Color (Spell out) Dark Brown	G. Eye Color (Spell out) Hazel	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. 4450 TERRA BRAVA PL SAN JOSE CA 95121		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: Private Pilot, 3852708	
				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	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 checked="" type="checkbox"/> B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN	B1. Make FAHMY GEORGE W S	B2. Model VANS RV-7	B3. Serial Number F-01	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/YY)	2. DATE TO (MM/YY)	3. EMPLOYER/TRAINER NAME & LOCATION (Name, City, State)	4. TYPE OF WORK PERFORMED/TRAINING RECEIVED

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

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

Name (as shown on page 1 of application): Fahmy, George	Date of Birth (MM/DD/YYYY): 08/14/1990	Certificate Number (if any):
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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 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 <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 type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.

REMARKS

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ATTACHMENTS

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

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

Form of ID	State or Country
ID Number	Expiration Date
Telephone No	Email Address

FAA FILE REVIEW (For FAA Office Use Only)

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