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OMB No:2120-0021

04/30/2018

TYPE OR PRINT ALL ENTRIES IN INK

Certificates		Ratings		Other Information/Requests													
Pilot: <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Flight <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Ground <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP		Category and/or Class: <input checked="" 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 <input type="checkbox"/> Instrument <input type="checkbox"/> Added Rating		Ground Instructor: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reissuance <input type="checkbox"/> Reinstatement <input type="checkbox"/> Flight Review <input type="checkbox"/> Instrument Proficiency Check <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Limitation Removal <input type="checkbox"/> IPL													
A. Name (Last, First, Middle) MARYMEE, JOHN DAVID		B. SSN (US Only) DO NOT USE		C. Date of Birth 8/25/1964													
D. Place of Birth (City and State) or (City and Country) SAN DIEGO CA USA		E1. Residential Address (Including City, State, Zip Code, and Country) 23961 NE 69TH PL REDMOND WA 98053		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) 67													
I. Weight (pounds) 154		J. Hair Color BROWN		K. Eye Color BLUE													
L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		M. Do you hold, or have you ever held an FAA certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		M1. Grade of Certificate COMMERCIAL PILOT													
N. Do you hold a Medical Certificate? <input checked="" type="checkbox"/> Yes - FAA <input type="checkbox"/> Yes - Foreign <input type="checkbox"/> Yes - Military <input type="checkbox"/> No		N1. Class of Medical Certificate FIRST CLASS MEDICAL		N2. Name of Medical Examiner RANDAL FRANK, MD													
O. 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? 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		O1. Date of Final Conviction		II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:													
<input checked="" type="checkbox"/> A. Completion of Test or Activity		1. Aircraft to be used (if flight test required) CE-172-S MOONEY-20-J		2. Total time in this aircraft and/or approved FFS or FTD (hours) a. Flight Time 152.4 b. As Pilot-in-Command 6.6													
<input type="checkbox"/> B. Competence or Experience		1. U.S. Military Service		2. Date Rated in U.S. Military													
<input type="checkbox"/> C. Graduate of an Approved Course		1. Training Agency or Training Center		1a. Name													
<input type="checkbox"/> D. Holder of Foreign License		1. Country that Issued the Foreign Pilot License		2. Grade of Foreign Pilot License													
<input type="checkbox"/> E. 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													
III. RECORD OF PILOT TIME (Do not write in the shaded areas)																	
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	Class Totals	Number of				
													Flights	Aero-Tows	Ground Launches	Powered Launches	
Airplanes	1157.70	262.20	22.00	1080.70	42.90	11.40	806.20	81.20	29.90	77.00	112.60	63.00	613.10	5.30			
Rotorcraft	159.10	59.00	15.70	122.80	6.70	4.00	29.30	4.00	23.00	4.30	9.00	159.10					
Powered Lift																	
Glider	3.30																
Lighter-Than-Air																	
FFS																	
FTD																	
ATD																	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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						Date 04/07/2018											

FAA Form 8710-1 (12-15) Supersedes Previous Edition


IACRA Equivalent

Application ID: 1700302 FTN: A1206170

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<input type="checkbox"/> Accepted - Student Pilot Application - I have personally reviewed the applicant's information and verified this person meets the eligibility requirements and verified the applicant's identification.		Instructor Action		<input type="checkbox"/> Rejected - Student Pilot Application	
<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.					
Date	Certified Flight Instructor's Signature (Print Name and Sign)		Certificate Number	CFI Certificate Expires	
Air Agency's Recommendation					
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		
Designated Examiner or Airman Certification Representative Report					
<input type="checkbox"/> Accepted - Student Pilot Application		<input type="checkbox"/> Rejected - 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.					
<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"/> 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
Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))					
	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"/>			
Aviation Safety Inspector or Technician Report					
<input type="checkbox"/> Accepted - Student Pilot Application		<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: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Examiner's Recommendation Provided/Reviewed <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Application for a Student Pilot Certificate Accepted <input type="checkbox"/> Renewal or exchange of pilot, CFI, or G.I. certificate <input type="checkbox"/> Change of name, nationality, gender or date of birth <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91) </div> <div> <input type="checkbox"/> Ground Instructor Certificate Issued: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Instrument </div> <div> <input checked="" type="checkbox"/> Flight Instructor Certificate Issued <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement Instructor Renewal Based On: <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input checked="" type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities <input type="checkbox"/> Military Instructor Proficiency Check </div> <div> Certificate or Rating Based on: <input type="checkbox"/> Approved FAA Qualification <input type="checkbox"/> Military Competency Criteria Not Identified on Page 1 <input type="checkbox"/> Foreign License <input type="checkbox"/> Special medical test conducted - report forwarded to issuing medical office or AAM-300 <input type="checkbox"/> Special Test-Reexamination (44709) conducted <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div> </div>					
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, WF-15)	
Attachments: <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 type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate		Airman's Identification (ID) (US driver's license or passport recommended) Form of ID ID Number (If issued by State, include State) Expiration Date (must be valid) Telephone Number FAA Aviation English Language Proficiency (AELP) <input type="checkbox"/> Meets FAA AELP <input type="checkbox"/> Does Not Meet FAA AELP		Applicant Information (required if printed on 2 pages) Name Date of Birth Certificate Number E-Mail Address REMARKS:	

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 Department of Transportation Federal Aviation Administration	Airman Certificate and/or Rating Application	
ADDITIONAL ADDRESS INFORMATION Name (Last, First, Middle) MARYMEE, JOHN DAVID Social Security Number DO NOT USE Certificate Number PENDING Date Issued		
Residential Address: 23961 NE 69TH PL REDMOND WA 98053	Mailing Address:	Applicant requests the certificate be SPECIAL MAILED to:
Map or Directions to Physical Residential Address:		
Comments:		