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Form approved OMB No: 2120-0021

 U.S. Department of Transportation Federal Aviation Administration				Remote Pilot Certificate and/or Rating Application					
I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):									
Ratings				Other Information/Requests					
<input checked="" type="checkbox"/> Small Unmanned Aircraft System				<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Recurrent <input type="checkbox"/> Other <i>specify:</i>					
A. Name <i>(Last, First, Middle)</i> STONE, CONNAR LEE			B. SSN <i>(US Only)</i> 537191229		C. Date of Birth 4/11/1990		D. Place of Birth <i>(City and State) or (City and Country)</i> SPOKANE WA USA		
E1. Residential Address <i>(include City, State, Zip Code & Country)</i> 1498 N COVE ST UNION OR 97883			E2. Mailing Address <i>(This address will be printed on the permanent airman certificate, if different than block E1)</i>			F. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other		G. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
						H. Height <i>(inches)</i> 76	I. Weight <i>(pounds)</i> 350	J. Hair Color BROWN	K. Eye Color BLUE
L. Do you read, speak, write, and understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				L1. If you answered "No" to question "L", are you unable to read, speak, write, or understand the English language due to medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
M. Do you hold, or have you ever held an FAA certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				M1. Grade of Certificate		M2. Certificate Number		M3. Date Issued	
M4. If you hold a Pilot Certificate, have you accomplished a flight review in accordance with §61.56? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						M5. Date of Last §61.56 Flight Review or equivalent			
N. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of Final Conviction: If you answered Yes, please explain:									
O. Have you ever been denied a remote pilot certificate for any reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:									
P. Do you have reason to know that you have a physical or mental condition that would interfere with the safe operation of a small unmanned aircraft system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:									
<input checked="" type="checkbox"/> A. Completion of Knowledge Test <i>(attach knowledge test results with application)</i>									
<input type="checkbox"/> B. Completion of Training Course <i>(attach training course completion certificate with application)</i>									
III. 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 and have read and understand the Privacy Act statement that also accompanies this form.									
Signature of Applicant						Date			

Submitting Official's Report				
<input type="checkbox"/> I have personally reviewed this application and I certify that the individual meets the applicable requirements of 14 CFR Part 107 for the certificate or rating sought.				
<input type="checkbox"/> I have personally verified the applicant's identification.				
<input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.				
Applicant meets FAA Aviation English Language Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Application Accepted <input type="checkbox"/> Temporary Certificate Issued <input type="checkbox"/> Application Rejected <i>specify:</i>				
Designated Examiner or Airman Certification Representative Signature				
Date	Examiner's Signature	Certificate Number	Designation Number	Designation Expires
Aviation Safety Inspector or Technician Signature				
Date	Inspector's Signature	Certificate Number	FAA Office Code	
Authorized Instructor Signature				
Date	Instructor's Signature	Certificate Number	Certificate Expires	
Attachments:		Airman's Identification(ID) <i>(US Driver's License or passport recommended)</i>		Applicant Information
<input type="checkbox"/> Knowledge Test Report		Form of ID USA DRIVER'S LICENSE OR		Name STONE, CONNAR LEE
<input type="checkbox"/> Training Course Completion Certificate		ID Number 8616273		Date of Birth 4/11/1990
<input type="checkbox"/> Temporary Certificate		Expiration Date 4/11/2024		Certificate Number PENDING
<input type="checkbox"/> Other <i>specify:</i>		Telephone Number 541-805-4740		E-mail Address CONNAR@GRMW. ORG
		Remarks		

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Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) STONE, CONNAR LEE

Social Security Number 537191229

Certificate Number PENDING

Date Issued

Residential Address:

Mailing Address:

Applicant requests the certificate be
SPECIAL MAILED to:

1498 N COVE ST

UNION OR 97883

Map or Directions to Physical Residential Address:

Comments: