U.S. Department
of Transportation

Federal Aviation Administration

INFORMATION FOR APPLICANT

Application For An Airman Certificate and/or Rating

Privacy Act Statement

Information requested on this form is solicited under the authority of Title 49 of the United States Code (Transportation) sections 109(9), 40113(a), 44701-44703, and 44709 (1994), formerly codified in the Federal Aviation Act of 1958, as amended, and Title 14 of the Code of Federal Regulations (CFR), Part 67, Medical Standards and Certification. Submission of this information is mandatory and incomplete submission will result in delay of consideration or denial of application for an airman medical certificate.

The purpose of this information is to determine whether an applicant meets Federal Aviation Administration medical requirements to hold an airman medical certificate for further consideration under 14 CFR 11.53 and 67.401. It is also used to depict airman population patterns and to update certification procedures and medical standards. The information collected on this form becomes a part of the Privacy Act System of Records DOT/FAA 847, General Air Transportation Records on Individuals, and is provided the protection outlined in the system's description as published in the Federal Register.

Paperwork Reduction Act Statement:
The information collected on this form is necessary to determine applicant eligibility for flight engineer or flight navigator certificates. The information is used to determine certification eligibility. We estimated that it will take 6 minutes to complete the form. The information collection is required to obtain a benefit. The information collected becomes part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0007.
Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20

Tear off this cover sheet before submitting this form.

Form Approved
OMB NO. 2120-0007
03/31/2011

US Department of Transportation
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Application For An Airman Certificate and/or Rating

☐ Flight Engineer
- ☐ Reciprocating Engine Powered
- ☐ Turbopropeller Powered
- ☐ Turbojet Powered

☐ Flight Navigator

☐ Control Tower Operator
- ☐ VFR Tower Rating
- ☐ Non-Radar Approach Control Tower Rating

☐ Aircraft Dispatcher

☐ Reissuance of Certificate

☐ Additional Rating

1. TYPE OF AIRCRAFT TO BE USED	2. TIME IN THIS AIRCRAFT	3. NAME OF EMPLOYER

4. Applicant Identification

A. NAME *(First, Middle, Last)*				K. PERMANENT MAILING ADDRESS *(Include Zip Code)*
B. SOCIAL SECURITY NO.	C. DATE OF BIRTH	D. HEIGHT	E. WEIGHT	
F. HAIR	G. EYES	H. SEX	I. NATIONALITY	TELEPHONE NO.
J. PLACE OF BIRTH				

5. Certificates Held by Applicant

A. ☐ Pilot
- ☐ Airline Transport
- ☐ Commercial
- ☐ Flight Instructor
- ☐ Private

☐ B. Flight Navigator

☐ C. Control Tower Operator

☐ D. Flight Engineer

☐ E. Ground Instructor

☐ F. Aircraft Dispatcher

☐ G. Mechanic

6. Applicant's Certification I certify that I meet all pertinent requirements of the Regulations for the certificate or rating applied for

Date _____ Applicant's Signature _____

Instructor's Recommendation
7. I consider the above applicant ready to take the test for which he/she is applying:

☐ A. Oral Test
☐ B. Flight

or

☐ C. Practical Test *Aircraft Dispatcher*

D. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.
E. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.

8. Evaluation Record

	Inspector	Examiner	Signature	Date
Oral				
Practical Test Aircraft Dispatcher				
Practical Test Control Tower Operator				
Simulator Check				
Aircraft Flight Check				

9. Inspector's Record

☐ Temporary Airman Certificate Issued ☐ Notice of Disapproval of Application Issued ☐ Examiner's Action Accepted

DATE	INSPECTOR'S SIGNATURE	FAA OFFICE

CP	REG	OFFICE	COM	ISS	ACT	EMP	TRN	M.T.	DIS	CLASS	SEX	RATING	STATE	COUNTY

☐ Aircraft Dispatcher ☐ IFO Mailing
☐ Special Mailing ☐ Correspondence
☐ Airmail

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10. Practical Test Report

Grading Legend *(All applicable items must be graded S or U)*

Explain in "Remarks" all items which are not graded.

S--Satisfactory, U--Unsatisfactory

Item No.	A. Flight Engineer	Grade: Examiner	Grade: Inspector
1	Equipment Examination *(Oral)*		
2	Preflight Inspection		
3	Normal Operating Procedures		
4	Abnormal Operating Procedures		
5	Performance Data and Cruise Control		
6	Trouble Shooting		
7	Emergency Procedures		
8	Forms and Records		
9	Post Flight		
10	Crew Coordination		
11	Judgement		

Item No.	B. Flight Navigator	Grade: Examiner	Grade: Inspector
1	Equipment *(Oral)*		
2	Equipment Check		
3	Preflight Training		
4	Normal Navigation Procedures		
5	Knowledge of Navigation Methods		
6	Co-ordination of Navigational Methods		
7	Emergency Procedures		
8	Co-ordination of Duties		
9	Crew Co-ordination		
10	Judgement		

Item No.	C. Aircraft Dispatcher	Grade: Examiner	Grade: Inspector
1	Aircraft		
2	Air Routes and Airports		
3	Altimeters		
4	Weather Analysis		
5	Airman's Information Manual		
6	Dispatch and Assistance		
7	Emergency Procedures		

Item No.	D. Control Tower Operator	Grade: Examiner	Grade: Inspector
	VFR TOWER RATING		
1	The Control Tower		
2	The Airport		
3	The Control Zone		
4	Notice to Airmen		
5	Weather Facilities and Procedures		
6	A Demonstration of Ability to Control Air Traffic Under VFR		
	NON-RADAR APPROACH CONTROL TOWER RATING		
1	Air Traffic Control Facilities		
2	Air Navigation Facilities		
3	Use of Airman's Information Manual		
4	Holding Procedures		
5	Approach Procedures		
6	Missed Approach Facilities		
7	Alternate Airports		
8	Search and Rescue Procedures		
9	A Demonstration of Ability to Control Air Traffic Under IFR		
10	Airport Identification		

11. Route of Flight Check

From	To	Hours: Day	Hours: Night

☐ Airmans Identification (ID)

Form of ID

Number

Expiration Date

10. Remarks