US Department of Transportation
Federal Aviation Administration

APPLICATION FOR PILOT SCHOOL CERTIFICATION

Form approved: OMB No. 2120-0009
04/30/2010

CERT NO. *For FAA Use Only*

APPLICANT - Read submittal and signature instructions on reverse.

NAME OF SCHOOL	TELEPHONE NO.	ADDRESS OF PRINCIPAL BUSINESS OFFICE
LOCATION OF MAIN OPERATIONS BASE		LOCATION OF SATELLITE BASE(S)

APPLICATION IS HEREBY MADE FOR:

☐ Issuance of a Pilot School Certificate and associated ratings to conduct the training courses identified below, and for the approval of these courses *(three copies of each course outline are attached)*; also, examining authority is requested for the courses appropriately checked.

☐ Renewal of a Pilot School Certificate and associated ratings currently numbered _____, which expires on _____ ☐ without changes to the currently approved course outlines, ☐ with addition of course(s) identified below for which approval is requested *(three copies of each course outline is attached)*, including request for examining authority for the course(s) appropriately checked; ☐ with deletion of course(s) identified below from the curriculum.

☐ Amending the current Pilot School Certificate and, associated ratings numbered _____, which expires on _____ ☐ by adding the course(s) identified below for which approval is requested *(three copies of each course outline are attached)*, including request for examining authority where appropriately checked; ☐ for deletion of the course(s) identified below from the curriculum.

IDENTIFICATION OF TRAINING COURSES

NOTE: Where examining authority for a course is desired, place an "X" in the box adjacent to the course identifications

☐	_____	☐	_____
☐	_____	☐	_____
☐	_____	☐	_____
☐	_____	☐	_____
☐	_____	☐	_____
☐	_____	☐	_____

(If more space is needed, continue on reverse in space provided)

I (WE) certify that I am (we are) familiar with Part 141 of the Federal Aviation Regulations, and, to the best of my (our) knowledge, believe that my (our) school meets the requirements for certification as prescribed therein.

Signature(s) and Title(s) { _____ _____ _____

_____
Date

FOR FAA USE ONLY

☐ APPROVED - ☐ a Provisional Pilot School Certificate ☐ a Pilot School Certificate, either with ☐ DISAPPROVED

associated ratings bearing the number shown above is issued effective _____

and which expires on _____

☐ Renewal ☐ without amendments ☐ with amendments ☐ Amendments

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE

INSTRUCTIONS TO THE APPLICANT:
Submit an original and one copy of this application, completed in full, along with the required number of attachments where specified on the face of this form, to the FAA District Office having jurisdiction over the area in which the school is located.
Signatures on the application should be as follows:

a. Application from a person acting as an individual should be signed by the owner;

b. Application from a partnership should be signed by all partners:

c. Application from a corporation should be signed by the president or such other officers as authorized by the corporation by-laws to sign for the corporation and certified to by the corporate secretary attesting to the authority of the individuals to sign such a document;

d. Application from a company, club, or association should be signed by the president or such other officer or director as authorized by the organization's by-laws, and attested to by the secretary.

IDENTIFICATION OF TRAINING COURSES (Continued)

NOTE: Where examining authority for a course is desired, place and "X" in the box adjacent to the course identification.s

☐		☐	
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THE FOLLOWING SPACE FOR FAA USE ONLY

Recommendations of Inspector(s)

INSPECTORS' SIGNATURES AND DATES	FOR OPERATIONS	FOR MAINTENANCE	FOR AVIONICS
	DATE	DATE	DATE

Paperwork Reduction Act Statement: The information collected is used to certificate pilot schools. The information is required to determine qualification and compliance. We estimate that it will take one half hour to complete. Use of this form is mandatory. No assurance of confidentiality is necessary or promised. 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 control number for this collection of information is 2120-0009. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.