TEAR OFF BEFORE USE

U.S. Department of Transportation
Federal Aviation Administration

SUPPLEMENTAL INFORMATION

AIRMAN CERTIFICATE AND/OR RATING APPLICATION - PRIVACY ACT

This supplements the form appearing below, Airman Certificate and/or Rating Application.

The information on the form is solicited under authority of Federal Aviation Regulations, Part 65.

Submission of all the data is mandatory except for Social Security Account Number which is voluntary.

The purpose of this information is to establish eligibility for certification and/or airman rating.

The data will be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

Certification cannot be completed unless the data is complete.

Disclosure of your Social Security Account Number is optional: Disclosure will facilitate maintenance of your records which are maintained in alphabetical order and cross referenced with your SSAN and airman number to provide prompt access. In the event of nondisclosure a unique number will be assigned to your file.

Paperwork Reduction Act Statement: The information collected on this form is necessary to ensure applicant eligibility. The information is used to determine that the applicant meets the necessary qualifications as a Mechanic, Repairman, or Parachute Rigger. We estimate that it will take approximately 20 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, Aviation 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 2120-0022. 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.

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved
OMB. No. 2120-0022 02/28/2011

U.S. Department of Transportation
Federal Aviation Administration

AIRMAN CERTIFICATE AND/OR RATING APPLICATION

☐ MECHANIC ☐ REPAIRMAN ☐ PARACHUTE RIGGER
☐ AIRFRAME ☐ SENIOR ☐ MASTER
☐ POWERPLANT _____ (Specify Rating) ☐ SEAT ☐ CHEST
☐ BACK ☐ LAP

APPLICATION FOR: ☐ ORIGINAL ISSUANCE ☐ ADDED RATING

I. APPLICANT INFORMATION

A. NAME *(First, Middle, Last)*

B. SOCIAL SECURITY NO. | C. DOB *(Mo., Day., Yr.)* | D. HEIGHT IN. | E. WEIGHT

F. HAIR | G. EYES | H. SEX | I. NATIONALITY *(Citizenship)*

J. PLACE OF BIRTH

K. PERMANENT MAILING ADDRESS
NUMBER AND STREET, P.O. BOX, ETC.
CITY
STATE ZIP CODE

L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?
☐ NO
☐ YES (If "Yes," explain on an attached sheet keying to appropriate item number).

M. DO YOU NOW OR HAVE YOU EVER HELD AN FAA AIRMAN CERTIFICATE? ☐ NO ☐ YES
SPECIFY TYPE:

N. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, AND DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? . . . . . ☐ NO ☐ YES → DATE OF FINAL CONVICTION

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF -

☐ **A.** CIVIL EXPERIENCE ☐ **B.** MILITARY EXPERIENCE ☐ **C.** LETTER OF RECOMMENDATION FOR REPAIRMAN *(Attach copy)*

☐ **D.** GRADUATE OF APPROVED COURSE
(1) NAME AND LOCATION OF SCHOOL
(2) SCHOOL NO. | (3) CURRICULUM FROM WHICH GRADUATED | (4) DATE

☐ **E.** STUDENT HAS MADE SATISFACTORY PROGRESS AND IS RECOMMENDED TO TAKE THE ORAL/ PRACTICAL TEST (FAR 65.80) | (1) SCHOOL NAME | NO. | (2) SCHOOL OFFICIAL'S SIGNATURE

☐ **F.** SPECIAL AUTHORIZATION TO TAKE MECHANIC'S ORAL/PRACTICAL TEST (FAR 65.80) | (1) DATE AUTH. | (2) DATE AUTH. EXPIRES | (3) FAA INSPECTOR SIGNATURE | (4) FAA DIST OFC.

III. RECORD OF EXPERIENCE

A. MILITARY COMPETANCE OBTAINED IN → | (1) SERVICE | (2) RANK OR PAY LEVEL | (3) MILITARY SPECIALITY CODE

B. APPLICANTS OTHER THAN FAA CERTIFICATED SCHOOL GRADUATES. LIST EXPERIENCE RELATING TO CERTIFICATE AND RATING APPLIED FOR. *(Continue on separate sheet, if more space is needed).*

DATES-MONTH AND YEAR FROM	TO	EMPLOYER AND LOCATION	TYPE WORK PERFORMED

C. PARACHUTE RIGGER APPLICANTS: INDICATE BY TYPE HOW MANY PARACHUTES PACKED

SEAT	CHEST	BACK	LAP

FOR MASTER RATING ONLY — PACKED AS A - ☐ SENIOR RIGGER ☐ MILITARY RIGGER

IV. APPLICANT'S CERTIFICATION

I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE
A. SIGNATURE | B. DATE

V.

I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS. | DATE | INSPECTOR'S SIGNATURE | FAA DISTRICT OFFICE

FOR FAA USE ONLY

Emp.	.reg.	D.O.	.seal	.con	iss.	Act	.lev	.TR	.s.h.	.Src	#rte	Rating (1)	Rating (2)	Rating (3)	Rating (4)

LIMITATIONS

Results of Oral and Practical Tests

MECHANIC

I. GENERAL - Airframe and powerplant

ORAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
QUES. NO.										
PRACTICAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
PROJ. NO.										

II. AIRFRAME STRUCTURES

ORAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
QUES. NO.										
PRACTICAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
PROJ. NO.										

III. AIRFRAME SYSTEMS AND COMPONENTS

ORAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
QUES. NO.										
PRACTICAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
PROJ. NO.										

IV. POWERPLANT THEORY AND MAINTENANCE

ORAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
QUES. NO.										
PRACTICAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
PROJ. NO.										

V. POWERPLANT SYSTEMS AND COMPONENTS

ORAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
QUES. NO.										
PRACTICAL TEST	PASS ☐			EXPIRATION DATE:				FAIL ☐		
PROJ. NO.										

PARACHUTE RIGGER

TYPE			
	SEAT	PASS ☐	FAIL ☐
	BACK	PASS ☐	FAIL ☐
	CHEST	PASS ☐	FAIL ☐
	LAP	PASS ☐	FAIL ☐
		PASS ☐	FAIL ☐

REMARKS

DESIGNATED EXAMINER'S REPORT

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I HAVE INDICATED THE RESULT AS:

☐ APPROVED *(Temporary Certificate Issued)* ☐ APPROVED *(Temporary Certificate **NOT** Issued)*

☐ DISAPPROVED ☐ FAR 65.80 - ORAL/PRACTICAL PASSED

ATTACH-MENTS:

☐ REPORT OF WRITTEN TEST ☐ SUPERSEDED CERTIFICATE ☐ LETTER

☐ FAA FORM 8610-2 ☐ TEMPORARY CERTIFICATE ☐ SEAL SYMBOL CARD

DATE TEST COMPLETED	EXAMINER'S SIGNATURE	DESIGNATION NO.

APPLICANT'S CERTIFICATION

THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE (FAA FORM 8060-4)

A. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? . . . . . ☐ NO ☐ Yes If "Yes," explain on an attached sheet.

B. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATES STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? . . . . . ☐ NO ☐ YES → DATE OF FINAL CONVICTION

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.

A. SIGNATURE B. DATE

FAA INSPECTOR'S REPORT

I HAVE -

☐ EXAMINED THIS APPLICANT'S PAPERS.

☐ PERSONALLY TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.

WITH THE INDICATED RESULT -

☐ APPROVED

☐ DISAPPROVED

PARACHUTE SEAL SYMBOL ASSIGNED _____

☐ ANSWER SHEET GRADED (Military Competency)

DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE