



U.S. Department
of Transportation

Federal Aviation
Administration

FAA Form 8710-1, Airman Certification And/or Rating Application Supplemental Information and Instructions

Paperwork Reduction Act Statement:

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AIRMAN CERTIFICATE AND/OR RATING APPLICATION

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 61 and 65. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

- (a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:
- The type of certificates and ratings held, limitations, date of issuance and certificate number;
 - The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
 - The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
 - Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- (b) Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials sing contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Is closing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities?
- (d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- (e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon requesting records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- (f) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- (g) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- (h) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- (i) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records

listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment asking personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.

(j) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.

(k) asking airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(l) their possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

Instructions for completing this form (FAA 8710-1) are below.

If an electronic form is not printed on a duplex printer, the applicant's name, date of birth, and certificate number (if applicable) must be furnished on the reverse side of the application. This information is required for identification purposes. The telephone number and E-mail address are optional.

Tear off this cover sheet before submitting this form.

AIRMAN CERTIFICATE AND/OR RATING APPLICATION

INSTRUCTIONS FOR COMPLETING FAA FORM 8710-1

I. APPLICATION INFORMATION. *Mark "X" in all appropriate blocks(s).*

Block A. Name. Enter full legal name. (Last, First, Middle) Use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with 14 CFR part 61.25. If you do not have a middle name, enter "NMN". If you have middle initial only, indicate "Initial only." Indicate if you are a Jr., or II, or III.

Block B. Social Security Number. For US citizens, enter either your 9-digit Social Security Number (Optional) or "Do Not Use". See supplemental Privacy Act Information. Enter "None" if you are not a US citizen.

Block C. Date of Birth. Check for accuracy. Enter eight digits as MM/DD/YYYY. Use numeric characters, i.e., 07-09-1995 instead of July 9, 1995. Verify that DOB is the same as it is on the medical certificate.

Block D. Place of Birth. If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country where you were born.

Block E1. Permanent Residential Address. Enter residence number and street, city, state, and zip code. If a foreign address, country must also be included. Verify that the numbers are not transposed.

Block E2. Preferred Mailing Address. If a post office box, rural route, flight school address, personal mail box (PMB), commercial address, or other mail drop is furnished as the preferred mailing address, the physical residential address must also be furnished. If a physical residential address does not exist, a map or written directions to the applicant's physical residence must be attached to the application.

Block F. Citizenship/Nationality. Mark USA if you are a US Citizen or legally naturalized US Citizen. If you are not a US citizen, enter the country where you are a legal citizen. To claim Dual Citizenship the applicant must present appropriate documentation of citizenship for each country.

Block G. Do you read, speak, write, and understand the English language? Mark yes or no. If you answered "No" and it is due to medical reasons, an operating limitation will be placed on the airman certificate.

Block H. Height. Enter your height in inches. Example: 5'8" would be entered as 68 in. No fractions use whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions use whole pounds only.

Block J. Hair. Spell out the color of your hair. Choose from the following: bald, black, red, brown, blond, gray, or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block K. Eyes. Spell out the color of your eyes. Choose from the following: blue, brown, black, hazel, green, or gray.

Block L. Sex. Mark male or female.

Block M. Do You Now Hold or Have You Ever Held An FAA Pilot Certificate? Mark yes or no. (NOTE: A student pilot certificate is a pilot certificate.) If Yes, complete Blocks M1, M2, and M3.

Block M1. Grade of Pilot Certificate. Enter the grade of the FAA pilot certificate you hold (i.e., Student, Recreational, Private, Commercial, or ATP). Do NOT enter flight instructor certificate information.

Block M2. Certificate Number. Enter your current FAA certificate number as it appears on the pilot certificate.

Block M3. Date Issued. Enter the date your pilot certificate was issued.

Block N. Do You Hold An FAA Medical Certificate? Mark yes or no. If yes, complete Blocks N1, N2, and N3.

Block N1. Class of Medical Certificate. Enter the class as shown on the medical certificate, (i.e., First, Second, or Third Class).

Block N2. Date Issued. Enter the date your medical certificate was issued. Enter eight digits as MM/DD/YYYY. Use numeric characters, i.e., 07-09-2013 instead of July 9, 2013.

Block N3. Name of Medical Examiner. Enter the medical examiner's name as shown on your medical certificate.

Block O. Narcotics Drugs. Mark appropriate block. Only mark "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, mark "No". Do not include alcohol offenses involving a motor vehicle mode of transportation as those are covered on the FAA Form 8500-8, Medical application.

Block O1. Date of Final Conviction. If block "N" was marked "Yes" provide the date of final conviction. Enter eight digits as MM/DD/YYYY. Use numeric characters, i.e., 08-25-2001 instead of August 25, 2001.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

Block A. Completion of Required Test.

1. Aircraft to be used. (If flight test required) – Enter the make and model of each aircraft used or represented. If an FSTD is used, indicate Level of Device(s).
2. Total time in this make/model and/or approved FFS or FTD (Hrs.) – (2a) Enter the total Flight Time (2b) Enter Pilot-In-Command (PIC) Flight Time.

Block B. U.S. Military Competence Obtained Or Experience.

Enter your branch of service, date rated as a U.S. military pilot, and your rank or grade. In block 4a or 4b, enter the make and model of each military aircraft used to qualify (as appropriate).

Block C. Graduate of an Approved Course.

- 1a. Name And Location Of Training Agency/Center, as shown on the graduation certificate. Verify that the city/state is entered.
- 1b. Training Agency/Center Certification Number. As shown on the graduation certificate. Indicate if this was a part 142 training center.
2. Curriculum From Which Graduated. Enter name of curriculum and level, category, and/or type rating, as applicable.
3. Date. Date of graduation from indicated course. Approved course graduate must also complete Block "A" COMPLETION OF REQUIRED TEST, unless an Air Agency or a part 142 Training Center.

Block D. Holder of Foreign License Issued By.

1. Country. Country which issued the foreign license.
2. Grade Of Foreign Pilot License. Grade of license issued (i.e. private, commercial, etc).
3. Number. Number which appears on the foreign license.
4. Ratings. Enter the FAA equivalent only ratings that appear on the foreign license. Indicate the ratings as they will appear on the FAA Certificate (i.e. ASEL, AMEL, ROTORCRAFT HELICOPTER, CE-500, etc).

Block E. Completion of Air Carrier's Training Program.

1. Name of air carrier.
2. Date program was started. Enter eight digits as MM/DD/YYYY. Use numeric characters, i.e., 07-09-2013 instead of July 9, 2013.
3. Identify the training program accomplished.


III. RECORD OF PILOT TIME. At a minimum, the applicant should complete the blocks applicable to the certificate or rating sought; however, it is recommended that ALL pilot time be entered. If decimal points are utilized, ensure that they are legible. Time entered in the class block should reflect time in class for the certificate or rating sought with this application. The time entered for an FFS, FTD, and/or ATD may be credited towards the total time in the category, class, and instrument time as permitted by the regulations.

IV. HAVE YOU FAILED A TEST FOR THIS CERTIFICATE OR RATING? Mark "Yes" or "No" as appropriate.

V. APPLICANT'S CERTIFICATION.

- A. Signature. The way you normally sign your name.
- B. Date. The date you signed the application.

TYPE OR PRINT ALL ENTRIES IN INK



U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I. APPLICATION INFORMATION (Mark 'X' in all appropriate blocks):

Class Rating: ASEL ASES AMEL AMES Helicopter Gyroplane Powered-Lift Balloon Airship Glider Added Rating

Instrument Rating: Instrument-Airplane Instrument-Helicopter Instrument-Powered-lift **Pilot Type Rating or Experimental Rating:** _____

Flight Instructor: Flight Instructor Initial Renewal Reinstate **Ground Instructor:** Basic Instrument Advanced

Other: Flight Review Instrument Proficiency Check Medical Flight Test Reexamination Reissuance _____ (Specify)

A. Name (Last, First, Middle) _____ B. SSN (US Only) _____ C. Date of Birth (MM/DD/YYYY) _____ D. Place of Birth (City and State) or (City and Country) _____

E1. Permanent Residential Address (including City, State, Zip Code and Country) _____ E2. Preferred Mailing Address (If different than permanent address) _____

F. Citizenship / Nationality USA Other (Specify) _____ G. Do you read, speak, write, & understand the English language? Yes No

H. Height (inches) _____ I. Weight (pounds) _____ J. Hair _____ K. Eyes _____ L. Sex Male Female

M. Do you now hold, or have you ever held an FAA certificate Yes No M1. Grade of Certificate _____ M2. Certificate Number _____ M3. Date Issued _____

N. Do you hold an FAA Medical Certificate Yes No N1. Class of Medical Certificate _____ N2. Date Issued _____ N3. Name of Medical Examiner _____

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.* Yes No O1. Date of Final Conviction _____

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

A. Completion of Required Test 1. Aircraft to be used (If flight test required) _____ 2a. Total time in this aircraft and/or any approved FFS or FTD _____ hours 2b. Pilot in command (PIC) _____ hours

B. U.S. Military Competence or Experience 1. U.S. Military Service _____ 2. Date Rated in U.S. Military _____ 3. Rank or Grade _____

4a. Logged pilot time or provided flight instruction (IP) in the following military aircraft. (List aircraft make and model) _____ 4b. Passed an Instrument Proficiency Check in the U.S. Military (Pilot or CFI) _____

C. Graduate of an Approved Course 1a. Name and Location (City and State) of Training Agency or Training Center _____ 1b. Certification Number _____

2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating) _____ 3. Date (MM/DD/YYYY) _____

D. Holder of Foreign License Issued By 1. Country that Issued the Foreign Pilot License _____ 2. Grade of Foreign Pilot License _____ 3. Foreign Pilot License Number _____

4. Ratings Held on Foreign Pilot License (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.) _____

E. Air Carrier's Training Program 1. Name of Air Carrier _____ 2. Start of Program (MM/DD/YYYY) _____ 3. Accomplished Training Program Initial Upgrade Transition 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 / Landings	Night PIC/SIC	Night Take-Off / Landing PIC / SIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Class																
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter-Than-Air																
FFS																
FTD																
ATD																

IV. Have you previously failed the practical test for the certificate or rating that you are applying? Yes No If Yes, enter date of last disapproval _____

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 also read and understand the Privacy Act statement and Pilot Bill of Rights Written Notification of Investigation that accompanies this form.

Signature of Applicant _____ Date (MM/DD/YYYY) _____

FAA Form 8710-1 (06/13) Supersedes Previous Edition

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Instructor's 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
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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
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Designated Examiner or Airman Certification Representative Report

- Student Pilot Certificate Issued (Copy attached)
- I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate or rating sought.
- I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.
- I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
 - Approved – Temporary Certificate Issued (Original Attached)
 - 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)
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Date	Examiner's Signature (Print Name & Sign)	Certificate Number	Designation Number	Designation Expires
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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

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. (This approved box need only checked if the Inspector is the one that issued the temporary airman certificate)

- Approved – Temporary Certificate Issued (Original Attached)
- 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)
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- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student pilot certificate issued | <input type="checkbox"/> Certificate or Rating Based on | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Ground Instructor |
| <input type="checkbox"/> Examiner's recommendation | <input type="checkbox"/> Military Competence | <input type="checkbox"/> Renewal | |
| <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected | <input type="checkbox"/> Foreign License | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Reissue or exchange of pilot, CFI or G.I. certificate | <input type="checkbox"/> Approved Course Graduate | Instructor Renewal Based On: | |
| <input type="checkbox"/> Special medical test conducted – report forwarded to Aeromedical Certification Branch, AAM-330 | <input type="checkbox"/> Other Approved FAA Qualification Criteria | <input type="checkbox"/> Activity | <input type="checkbox"/> Training Course |
| <input type="checkbox"/> Change of name, nationality, gender, or date of birth | | <input type="checkbox"/> Test | <input type="checkbox"/> Duties and Responsibilities |
| <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91) | | | |

Training Course (FIRC) Name	Graduation Certificate Number	Date of FIRC Graduation Certificate
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Date	Inspector's Signature (Print Name & Sign)	Certificate Number	FAA Office (e.g. SO-15, WP-19)
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Attachments:

- Student Pilot Certificate (Copy)
- Official College Transcript
- ATP CTP Graduation Certificate
- Knowledge Test Report
- Temporary Airman Certificate
- Notice of Disapproval
- Superseded Airman Certificate

Airman's Identification (ID) (Recommended ID: US driver's license or passport)

ID: _____
 Name: _____
 Date of Birth: _____
 Certificate Number: _____
 E-Mail Address: _____

Form of ID (If US driver's license is used include the State) _____
 Number _____
 Expiration Date (If US driver's license is used, it cannot be expired) _____
 Telephone Number _____

REMARKS from Inspector or Examiner : _____

