



U.S. Department
of Transportation

**Federal Aviation
Administration**

FAA Form 8710-11, Airman Certificate and/or Rating Application Supplemental Information and Instructions

Paperwork Reduction Act Statement

The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 15 minutes to complete this form. The information collected is required to obtain a benefit and 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 2120-0021. 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 .

See Privacy Act Information below.

Airman Certificate and/or Rating Application – Sport Pilot

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
 - Information relating to an individual’s eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- (b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- (c) Disclosing 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 request.
- (f) Making 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).
- (g) 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.
- (h) 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.
- (i) 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.
- (j) 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.
- (k) Making 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.
- (l) 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.
- (m) Making 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.
- (n) Other 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.



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Airman Certificate and/or Rating Application – Sport Pilot

I. Application Information

Student Sport Private Proficiency Check Additional Rating
 Airplane Gyroplane Balloon Airship Glider Powered Parachute Weight Shift Control
 Flight Instructor _____ Initial _____ Renewal _____ Reinstatement
 Reexamination Reissuance of _____ certificate Other _____

A. Name (Last, First, Middle) _____ B. SSN (US only) _____ C. Date of Birth _____ D. Place of Birth _____

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

City, State, Zip Code _____ H. Height _____ In. I. Weight _____ lbs. J. Hair _____ K. Eyes _____ L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate _____ O. Certificate Number _____ P. Date Issued _____

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate _____ S. Date Issued _____ T. Name of Examiner _____

U. Do you hold a US Driver's License? Yes No V. License Number _____ W. State of Issuance _____ X. Date Issued _____ Y. Expiration Date _____

Za. 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. Yes No Zb. Date of Final Conviction _____

If Certificate, Privilege 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 SIM/FTD	2b. Pilot in Command
1) _____ 2) _____	1) _____ 2) _____ SIM) _____ FTD) _____ hours	1) _____ 2) _____ hours

B. Graduate of Approved/Accepted Course

1. Name and Location of Training Agency or Training Center _____	1a. Certification Number _____
2. Curriculum From Which Graduated _____	3. Date _____

C. Holder of Foreign License Issued By

1. Country _____	2. Grade of License _____	3. Number _____
4. Ratings _____		

III. Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotor-craft (Gyroplane Only)				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Gliders																
Lighter Than Air																
Weightshift Control																
Powered Parachute																

IV. Have you failed a test for this certificate, privilege or rating? Yes No

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 that accompanies this form.

Signature of Applicant _____ Date _____

Instructor's Recommendation			
I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature (Print name & Sign)	Certificate No.	Certificate Expires
Air Agency's Recommendation			
This applicant has successfully completed our _____ Course, and is recommended for certification, privilege or rating without further _____ test.			
Date	Agency Name and Number	Official's Signature	
		Title	
Designated Examiner or Airman Certification Representative Report			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy Attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate, privilege or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) </div>			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for which tested	Type(s) of Aircraft Used 1) 2)	Registration No(s) 1) 2)	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No. Designation Expires
Proficiency Check – Instructor's Record			
<input type="checkbox"/> I have successfully reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J{61.321} for the proficiency check sought. <input type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in _____ and _____ light-sport aircraft. Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Expiration Date:
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. <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for which tested	Type(s) of Aircraft Used 1) 2)	Registration No(s) 1) 2)	
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Foreign License <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Approved Course Graduate Instructor Renewal Based on <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
Attachments:			
<input type="checkbox"/> Airman's Identification (ID) ID: _____			
<input type="checkbox"/> Student Pilot Certificate (Copy)	Form of ID _____	Name: _____	
<input type="checkbox"/> Knowledge Test Report	Number _____	Date of Birth: _____	
<input type="checkbox"/> Temporary Airman Certificate	Expiration Date _____	Certificate Number: _____	
<input type="checkbox"/> Notice of Disapproval	Telephone Number _____	Email Address: _____	
<input type="checkbox"/> Superseded Airman Certificate			



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ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle)
Social Security Number
Certificate Number
Date Issued

Permanent Mailing Address:

Street
P.O. Box
City, State, Zip Code

Address the applicant requests the certificate to be sent:

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

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