



U.S. Department
of Transportation

**Federal Aviation
Administration**

**FAA Form 8710-1, 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, AES-200.

See Privacy Act Information below. Detach this part before submitting form.

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

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.

AIRMAN CERTIFICATE AND/OR RATING APPLICATION

INSTRUCTIONS FOR COMPLETING FAA FORM 8710-1

I. APPLICATION INFORMATION. *Check appropriate blocks(s).*

Block A. Name. Enter legal name. 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 Section 61.25. If you do not have a middle name, enter "NMN". If you have a middle initial only, indicate "Initial only." If you are a Jr., or a II, or III, so indicate. If you have an FAA certificate, the name on the application should be the same as the name on the certificate unless you have had it changed in accordance with 14 CFR Section 61.25.

Block B. Social Security Number. Optional: See supplemental Information Privacy Act. Do not leave blank: Use only **US Social Security Number**. Enter either "SSN" or the words "Do not Use" or "None." SSN's are not shown on certificates.

Block C. Date of Birth. Check for accuracy. Enter eight digits; Use numeric characters, i.e., 07-09-1925 instead of July 9, 1925. Check to see 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 E. Permanent Mailing Address. Enter residence number and street, P.O. Box or rural route number in the top part of the block above the line. The City, State, and ZIP code go in the bottom part of the block below the line. Check for accuracy. Make sure the numbers are not transposed. FAA policy requires that you use your permanent mailing address. **Justification must be provided on a separate sheet of paper signed and submitted with the application when a PO Box or rural route number is used in place of your permanent physical address. A map or directions must be provided if a physical address is unavailable.**

Block F. Citizenship. Check USA if applicable. If not, enter the country where you are a citizen.

Block G. Do you read, speak, write and understand the English language? Check yes or no.

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. If bald, enter "Bald." Color should be listed as black, red, brown, blond, or gray. 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. The color should be listed as blue, brown, black, hazel, green, or gray.

Block L. Sex. Check male or female.

Block M. Do You Now Hold or Have You Ever Held An FAA Pilot Certificate? Check yes or no. (NOTE: A student pilot certificate is a "Pilot Certificate.")

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

Block O. Certificate Number. Enter the number as it appears on your pilot certificate.

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

Block Q. Do You Now Hold A Medical Certificate? Check yes or no. If yes, complete Blocks R, S, and T.

Block R. Class of Certificate. Enter the class as shown on the medical certificate, i.e., 1st, 2nd, or 3rd class.

Block S. Date Issued. Enter the date your medical certificate was issued.

Block T. Name of Examiner. Enter the name as shown on medical certificate.

Block U. Narcotics, Drugs. Check appropriate block. Only check "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, check "No".

Block V. Date of Final Conviction. If block "U" was checked "Yes" give the date of final conviction.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

Block A. Completion of Required Test.

- AIRCRAFT TO BE USED. (If flight test required) – Enter the make and model of each aircraft used. If simulator or FTD, indicate.
- TOTAL TIME IN THIS AIRCRAFT (Hrs.) – (a) Enter the total Flight Time in each make and model. (b) Pilot-In-Command Flight Time - In each make and model.

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

Block C. Graduate of Approved Course.

- NAME AND LOCATION OF TRAINING AGENCY/CENTER. As shown on the graduation certificate. Be sure the location is entered.
- AGENCY SCHOOL/CENTER CERTIFICATION NUMBER. As shown on the graduation certificate. Indicate if 142 training center.
- CURRICULUM FROM WHICH GRADUATED. As shown on the graduation certificate.
- DATE. Date of graduation from indicated course. Approved course graduate must also complete Block "A" COMPLETION OF REQUIRED TEST.

Block D. Holder of Foreign License Issued By.

- COUNTRY. Country which issued the license.
- GRADE OF LICENSE. Grade of license issued, i.e., private, commercial, etc.
- NUMBER. Number which appears on the license.
- RATINGS. All ratings that appear on the license.

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

- Name of Air Carrier.
- Date program was completed.
- Identify the Training Curriculum.

III. RECORD OF PILOT TIME. The minimum pilot experience required by the appropriate regulation must be entered. It is recommended, however, that ALL pilot time be entered. If decimal points are used, be sure they are legible. Night flying must be entered when required. You should fill in the blocks that apply and ignore the blocks that do not. Second In Command "SIC" time used may be entered in the appropriate blocks. Flight Simulator, Flight Training Device and PCATD time may be entered in the boxes provided. Total, Instruction received, and Instrument Time should be entered in the top, middle, or bottom of the boxes provided as appropriate.

IV. HAVE YOU FAILED A TEST FOR THIS CERTIFICATE OR RATING? Check appropriate block.

V. APPLICANT'S CERTIFICATION.

- SIGNATURE. The way you normally sign your name.
- DATE. The date you sign the application.

TYPE OR PRINT ALL ENTRIES IN INK



DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

I Application Information

Additional Rating
 Student
 Recreational
 Private
 Commercial
 Airline Transport
 Instrument
 Flight Instructor Initial _____
 Airplane Single-Engine
 Airplane Multiengine
 Rotorcraft
 Balloon
 Airship
 Glider
 Powered-Lift
 Medical Flight Test
 Renewal _____
 Reinstatement _____
 Additional Instructor Rating
 Ground Instructor _____
 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 _____ Specify _____ **G.** Do you read, speak, write, & understand the English language? Yes No

H. Height _____ **I.** Weight _____ **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. 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 **V.** 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 / SIM / FTD _____ hours **2b.** Pilot in command _____ hours

B. Military Competence Obtained In

1. Service _____ **2.** Date Rated _____ **3.** Rank or Grade and Service Number _____

4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. _____ **4b.** US Military PIC & Instrument check in last 12 months (List Aircraft) _____

C. Graduate of Approved Course

1. Name and Location of Training Agency or Training Center _____ **1a.** Certification Number _____

2. Curriculum From Which Graduated _____ **3.** Date _____

D. Holder of Foreign License Issued By

1. Country _____ **2.** Grade of License _____ **3.** Number _____

4. Ratings _____

E. Completion of Air Carrier's Approved Training Program

1. Name of Air Carrier _____ **2.** Date _____ **3.** Which Curriculum Initial Upgrade Transition

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 Take-off/Landings	Night PIC	Night Take-Off/Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Gliders																
Lighter Than Air																
Simulator Training Device																
PCATD																

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

V. Applicants'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
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Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Officials Signature
		Title

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 pertinent 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 (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD	Flight

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)
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Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires
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Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device 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.

- Approved -- Temporary Certificate Issued (Original Attached)
- Disapproved -- Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD	Flight

Certificate or Rating for Which Tested	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 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"/> Test | <input type="checkbox"/> Duties and Responsibilities |

Training Course (FIRC) Name	Graduation Certificate No.	Date
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Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
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Attachments:	<input type="checkbox"/> Airman's Identification (ID)	
<input type="checkbox"/> Student Pilot Certificate (Copy)	Form of ID _____	ID: _____
<input type="checkbox"/> Knowledge Test Report	Number _____	Name: _____
<input type="checkbox"/> Temporary Airman Certificate	Expiration Date _____	Date of Birth: _____
<input type="checkbox"/> Notice of Disapproval	Telephone Number _____	Certificate Number: _____
<input type="checkbox"/> Superseded Airman Certificate		E-Mail Address _____