TYPE OR PRINT ALL ENTRIES IN INK

OMB Control Number: 2120-0021
Expiration Date: 12/31/2028

U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying or for the information you submit to validate certain certification requirements):

Certificates

Pilot:
☐ Student ☐ Recreational ☒ Flight
☐ Private ☐ Commercial ☐ Ground
☐ ATP-Restricted ☐ ATP

Instructor:

Ratings

Category and/or Class:
☐ ASE ☐ AME ☐ Land ☐ Sea
☐ Helicopter ☐ Balloon ☐ Glider
☐ Gyroplane ☐ Airship ☐ Powered-Lift
Type Rating: ☐ Added Rating

Instrument:
☐ Airplane
☐ Helicopter
☐ Powered-Lift

Ground Instructor:
☐ Basic
☐ Advanced
☐ Instrument

Flight Instructor Recency/Other Information/Requests

☐ Initial ☐ Reexamination ☐ IPL
☒ Recency ☐ Reissuance ☐ Instrument Proficiency Check
☐ Reinstatement ☐ Flight Review ☐ Medical Flight Test
Specify Other: ☐ Limitation Removal

A. Name *(Last, First, Middle)*	B. SSN (US Only)	C. Date of Birth (MM/DD/YY)	D. Place of Birth *(City and State) or (City and Country)*
DOE, JOHN ADAM	DO NOT USE	01/01/1980	SOMEWHERE, AL

E1. Residential Address *(Including City, State, Zip Code, and Country)*
101 STRAWBERRY LN.
SOMEWHERE, AL 12345 USA

E2. Mailing Address *(This address will be printed on the permanent airman certificate, if different than block E1.)*

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 Color	K. Eye Color	L. Sex
72	180	Brown	Green	☒ Male ☐ Female

M. Do you hold, or have you ever held an FAA pilot certificate, including revoked certificates? ☒ Yes ☐ No (Note: A student pilot certificate is a pilot certificate.)

M1. Grade of Certificate	M2. Certificate Number	M3. Date Issued
COMMERCIAL	1234567	01/01/2026

N. Do you hold, or have you ever held a Medical Certificate? ☒ Yes - FAA ☐ Yes - Foreign ☐ Yes- Military ☐ No

N1. Class of Certificate	N2. Name of Medical Examiner	N3. Date Issued
FIRST	SAMUEL SMITH, M.D.	01/15/2026

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 form FAA 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 Test or Activity
1. Aircraft to be used *(If flight test required)*
2. Total time in this aircraft and/or approved FFS or FTD *(hours)*: a. Flight Time; b. As Pilot-in-Command

☐ B U.S. Military Competence or Experience
1. U.S. Military Service
2. Date Rated in U.S. Military
3. Rank or Grade
4. List Military aircraft for which you have: a. logged pilot time or provided flight instruction (IP) *(make and model)*; b. passed an Instrument Proficiency Check *(Pilot or CFI) - (make and model)*

☐ C Graduate of an Approved Course
1. Training Agency or Training Center: 1a. Name; 1b. Location *(City and State)*; 1c. Certification Number; 1d. Part 142? ☐ Yes ☐ No
2. Curriculum From Which Graduated *(Level, Category, and Class and/or Type Rating)*
3. Date

☐ D Holder of Foreign License
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 Training Program
1. Name of Air Carrier
2. Date Training Began
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 / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC
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				PIC SIC								
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC
FFS												
FTD												
ATD												

Recommends at but not required

Number of				
	Flights (PIC / Dual)	Aero-Tows	Ground Launches	Powered Launches
Gliders	PIC / Dual			
Lighter-than-air				

Class Totals

		SEL	MEL	SES	MES
Airplane	PIC		PIC	PIC	PIC
	SIC		SIC	SIC	SIC
	Instruct Rcvd		Instruct Rcvd	Instruct Rcvd	Instruct Rcvd

Rotorcraft	Helicopter	Gyroplane
Lighter-than-air	Balloon	Airship

FFS	SE	ME	Helicopter

FTD	
ATD	

IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate AND/OR rating for which you are applying? ☐ Yes ☒ No

V. APPLICANT'S CERTIFICATION: I certify that all statements and answers provided by me on this form are complete and true to the best of my knowledge. I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me or to validate my recency. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant / Individual	Date MM/DD/YYYY
FACSA Digital Signature	07/07/2026

Instructor Action

☐ Accepted Student Pilot Application – I have personally reviewed the applicant's information and verified the person meets the eligibility requirements and verified applicants identification ☐ Rejected Student Pilot Application

☐ Flight Review ☐ Instrument Proficiency Check ☐ Recommendation - *I have personally instructed the applicant and consider this person ready to take the test.*

Date	Authorized Flight Instructor's Signature *(Print Name and Sign)*	Flight Instructor Certificate Number	Recent Experience End Date
—	NOT REQUIRED	—	—

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

Designated Examiner or Airman Certification Representative Report

☐ Accepted Student Pilot Application ☐ Rejected Student Pilot Application

☒ I have personally reviewed this applicant's pilot logbook and/or training record, and I 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. (Original ATP CTP graduation certificate must be attached)

☒ I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.

☒ **I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.**

☒ Approved – Temporary Certificate Issued (Original Attached) ☐ Approved – No Temporary Certificate Issued ☐ 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)

Date	Examiner's Signature *(Print Name & Sign)*	Certificate Number	Designation Number	Designation Expires

Evaluator's Record (*Use for All ATP Certificate(s) and/or Type Rating(s)*)

	Inspector	Examiner	Signature and Certificate Number	Date
Ground / Oral	☐	☐	_____	_____
Approved FFS/FTD Check	☐	☐	_____	_____
Aircraft Flight Check	☐	☐	_____	_____
Advanced Qualification Program	☐	☐	_____	_____

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

☐ **I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.**

☐ Approved – Temporary Certificate Issued (Original Attached) ☐ Disapproved – Disapproval Notice Issued (Original Attached)

☐ Approved - No Temporary Certificate Issued ☐ Accepted - Student Pilot Application ☐ Rejected - Student Pilot Application

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)

Certification Activities:

☐ Examiner's Recommendation Provided/Reviewed
☐ Accepted ☐ Rejected
☐ Application for Student Pilot Certificate Accepted
☐ Reissue or exchange of pilot, CFI, or G.I. certificate
☐ Change of name, nationality, or date of birth
☐ SIC Type Rating issued under § 61.55(b) (Part 91)

☐ Ground Instructor Certificate Issued
☐ Basic
☐ Advanced
☐ Instrument

DPE

☒ Flight Instructor Certificate
☐ Initial ☐ Added Rating
☒ Recency ☐ Reinstatement
Instructor Recency Based On:
☐ Activity ☐ Training Course ☐ WINGS
☐ Test ☒ Duties and Responsibilities
☐ Military Instructor Proficiency Check

Certificate or Rating Based on:

☐ Approved FAA Qualification Criteria not Identified on Page 1
☐ Military Competency ☐ Foreign License
☐ Special medical test conducted – report forwarded to issuing medical office or AAM-300
☐ Special Test-Reexamination (44709) conducted
☐ Approved ☐ Disapproved

Training Course (FIRC) Name	Graduation Certificate Number	Date of FIRC Graduation Certificate

Date	Inspector's Signature (*Print Name & Sign*)	Certificate Number	FAA Office (e.g. SO-15, WP-19)

Attachments:

☐ Certifying Statement
☐ College Transcript (Official)
☐ ATP CTP Graduation Certificate
☐ Knowledge Test Report
☐ Temporary Airman Certificate
☐ Notice of Disapproval
☐ Superseded Airman Certificate

Airman's Identification (ID) (*US driver's license or passport recommended*)	**Applicant Information** *(required if printed on 2 pages)*
Form of ID	Name
ID Number *(If issued by State, include State)*	Date of Birth
Expiration Date *(must be valid)*	Certificate Number
Telephone Number	E-Mail Address

☐ Meets Aviation English Language Standard ☐ Does Not Meet Aviation English Language Standard ☐ Referred to FSO for Aviation English Language Standard Determination

REMARKS: