



DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

I Application Information

Student Recreational Private Commercial Airline Transport Instrument
 Additional Rating Airplane Single-Engine Airplane Multiengine Rotorcraft Balloon Airship Glider Powered-Lift
 Flight Instructor Initial ___ Renewal ___ Reinstatement Additional Instructor Rating Ground Instructor
 Medical Flight Test Reexamination Reissuance of _____ Certificate Other _____

A. Name (Last, First, Middle)
Pilot, Robert James

B. SSN (US Only)
111-22-3333

C. Date of Birth
Month Day Year
06-01-1960

D. Place of Birth
Rockport, IL

E. Address
123 W Main Street

F. Citizenship Specify
 USA Other _____

G. Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code
Springfield, CT, 12345

H. Height 72 In. **I. Weight** 169 Lbs. **J. Hair** Grey **K. Eyes** Blue **L. Sex** Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No

N. Grade Pilot Certificate
Student

O. Certificate Number
111223333

P. Date Issued
11-01-2000

Q. Do you hold a Medical Certificate? Yes No

R. Class of Certificate
THIRD

S. Date Issued
09-09-2000

T. Name of Examiner
Dr. Susan B. Wright

U. Have you 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)
C-172

2a. Total time in this aircraft / SIM / FTD
61 hours

2b. Pilot in command
61 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 or 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/ Landing	Night PIC	Night Take-off/ Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes	61	46	15	PIC SIC	9	6	PIC SIC	4	5	22	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. 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 _____