

U.S. Department of Transportation
Federal Aviation Administration

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 ☐ USA ☐ Other			G. Do you read, speak, write & understand the English language? ☐ Yes ☐ No										
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) 1) _____ 2) _____			2a. Total Time in this aircraft SIM/FTD 1) _____ 2) _____ SIM) _____ FTD) _____ hours		2b. Pilot in Command 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				
Rotorcraft (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			

FAA Form 8710-11 (02-04)