

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				
☐ 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 pilot certificate, privilege 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 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				
☐ 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. ☐ 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: ☐ Satisfactory ☐ 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.				
☐ Approved – Temporary Certificate Issued (Original Attached) ☐ Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: ☐ Satisfactory ☐ 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)		
☐ Student Pilot Certificate Issued ☐ Examiner's Recommendation ☐ ACCEPTED ☐ REJECTED ☐ Reissue or Exchange of Pilot Certificate ☐ Certificate or Rating Based on ☐ Foreign License ☐ Approved Course Graduate ☐ Other Approved FAA Qualification Criteria ☐ Flight Instructor ☐ Renewal ☐ Reinstatement ☐ Instructor Renewal Based on ☐ Activity ☐ Training Course ☐ Test ☐ Duties and Responsibilities				
Training Course (FIRC) Name		Graduation Certificate No.	Date	
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office	
Attachments: ☐ Airman's Identification (ID) ID: _____ ☐ Student Pilot Certificate (Copy) Form of ID _____ ☐ Knowledge Test Report Number _____ ☐ Temporary Airman Certificate Expiration Date _____ ☐ Notice of Disapproval Telephone Number _____ ☐ Superseded Airman Certificate Name: _____ Date of Birth: _____ Certificate Number: _____ Email Address: _____				

FAA Form 8710-11 (02-04)