

TEAR OFF  
BEFORE USE

SUPPLEMENTAL  
INFORMATION

## AIRMAN CERTIFICATE AND/OR RATING APPLICATION - PRIVACY ACT

This supplements the form appearing below, Airman Certificate and/or Rating Application.

The information on the form is solicited under authority of Federal Aviation Regulations, Part 65.

Submission of all the data is mandatory except for Social Security Account Number which is voluntary.

The purpose of this information is to establish eligibility for certification and/or airman rating.

The data will be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating.

Certification cannot be completed unless the data is complete.

Disclosure of your Social Security Account Number is optional: Disclosure will facilitate maintenance of your records which are maintained in alphabetical order and cross referenced with your SSAN and airman number to provide prompt access. In the event of nondisclosure a unique number will be assigned to your file.

**Paperwork Reduction Act Statement:** The information collected on this form is necessary to ensure applicant eligibility. The information is used to determine that the applicant meets the necessary qualifications as a Mechanic, Repairman, or Parachute Rigger. We estimate that it will take approximately 20 minutes to complete the form. The information collection is required to obtain a benefit. The information collected 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 2120-0022. 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, ABA-20.



AIRMAN CERTIFICATE AND/OR RATING APPLICATION

- MECHANIC AIRFRAME POWERPLANT REPAIRMAN PARACHUTE RIGGER SENIOR SEAT BACK MASTER CHEST LAP

APPLICATION FOR: ORIGINAL ISSUANCE ADDED RATING

I. APPLICANT INFORMATION

Form section I containing fields A through M for personal information, including name, address, birth date, and certification history.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF -

Form section II containing fields A through F for certification basis, including military experience, school graduation, and special authorization.

III. RECORD OF EXPERIENCE

Form section III containing fields A through C for military competence, other school graduates, and parachute rigger applicants.

IV. APPLICANT'S CERTIFICATION

I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE A. SIGNATURE B. DATE

Form section V containing fields for inspector's signature, date, and FAA district office.

Table for FAA use only with columns for Emp., reg., D.O., seal, con, iss., Act, lev, TR, s.h., Src, #rte, Rating (1-4), and LIMITATIONS.

**Results of Oral and Practical Tests**

MECHANIC									
<b>I. GENERAL - Airframe and powerplant</b>									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
<b>II. AIRFRAME STRUCTURES</b>									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
<b>III. AIRFRAME SYSTEMS AND COMPONENTS</b>									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
<b>IV. POWERPLANT THEORY AND MAINTENANCE</b>									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
<b>V. POWERPLANT SYSTEMS AND COMPONENTS</b>									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									

PARACHUTE RIGGER			
TYPE	SEAT	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	BACK	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	CHEST	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	LAP	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
		PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>

**REMARKS**

**DESIGNATED EXAMINER'S REPORT**

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I HAVE INDICATED THE RESULT AS:

<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate <b>NOT</b> Issued)
<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> FAR 65.80 - ORAL/PRACTICAL PASSED

ATTACHMENTS:

<input type="checkbox"/> REPORT OF WRITTEN TEST	<input type="checkbox"/> SUPERSEDED CERTIFICATE	<input type="checkbox"/> LETTER
<input type="checkbox"/> FAA FORM 8610-2	<input type="checkbox"/> TEMPORARY CERTIFICATE	<input type="checkbox"/> SEAL SYMBOL CARD

DATE TEST COMPLETED	EXAMINER'S SIGNATURE	DESIGNATION NO.
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**APPLICANT'S CERTIFICATION**

THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE (FAA FORM 8060-4)

**A. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?** .....  NO  Yes If "Yes," explain on an attached sheet.

**B. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATES STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES?** .....  NO  YES → DATE OF FINAL CONVICTION

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.

**A. SIGNATURE**

**B. DATE**

**FAA INSPECTOR'S REPORT**

I HAVE -	WITH THE INDICATED RESULT -	
<input type="checkbox"/> EXAMINED THIS APPLICANT'S PAPERS.	<input type="checkbox"/> APPROVED	PARACHUTE SEAL SYMBOL ASSIGNED _____
<input type="checkbox"/> PERSONALLY TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> ANSWER SHEET GRADED (Military Competency)

DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE
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