

**FAA Form 8610-2, Airman Certificate and/or Rating Application – Mechanic and  
Parachute Rigger (14 CFR Part 65),  
Supplemental Information**

The supplemental information for this form includes the following:

- Page i..... Paperwork Reduction Act Burden Statement
- Page ii..... Privacy Act Statement
- Page iii..... Pilot's Bill of Rights Written Notification of Investigation
- Page iv..... Instructions for Completing FAA Form 8610-2
- Page v..... Instructions for Completing FAA Form 8610-2, continued.

Detach these supplemental information and instruction parts before submitting the attached form.

An electronic, fillable, printable version of FAA Form 8610-2 is available at [www.faa.gov](http://www.faa.gov).

When printing, print pages 6 through 7, if you choose to print only the form.

Printing double-sided is preferable. If the form is not printed in the double-sided format, complete the "Applicant Information" section on the top of page 2.

Integrated Airman Certification and Rating Application (IACRA) is a web-based certification/rating application that guides the user through the FAA's airman application process. IACRA helps ensure applicants meet regulatory and policy requirements through the use of extensive data validation. It also uses electronic signatures to protect the information's integrity, eliminates paper forms, and prints temporary certificates. IACRA can be accessed here: <https://iacra.faa.gov>.

- All applicants must establish an FAA Tracking Number (FTN) within the Integrated Airman Certification and Rating Application (IACRA) system before taking any FAA airman knowledge test.
- The FTN is an 8-digit unique and permanent number assigned to each FAA certificate holder. This identification number will be printed on the applicant's Airman Knowledge Test Report (AKTR) in replacement of the Applicant ID number.
- To register for an FTN in IACRA, applicants will need to visit the [IACRA website](https://iacra.faa.gov) and follow the instructions provided.
- If you have been issued an FAA airman certificate in the past, then you already have a FTN. To find your FTN, you must enter your certificate number during the IACRA registration process.

**OMB CONTROL NUMBER: 2120-0022  
EXPIRATION DATE: 12/31/2025**

**Paperwork Reduction Act Burden Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0022. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

All responses to this collection of information are required to obtain or retain a benefit under 14 CFR part 65. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

**FAA Form 8610-2, Airman Certificate and/or Rating Application – Mechanic and  
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Supplemental Information**

## **Privacy Act Statement**

Privacy Act Statement (5 U.S.C. § 552a, as amended):

**Authority:** The information collected on the FAA Form 8610-2 – Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65), is in accordance with [49 U.S.C. §§ 106\(g\), 40113, 44702, 44703, 44709, 44710, 44711\(a\)\(2\)](#) and [14 CFR Parts 65](#).

**Purpose:** The information collected will be used to identify and evaluate your qualifications and eligibility for the issuance of a mechanic certificate, parachute rigger certificate, and/or added rating.

**Routine Uses:** The information collected on this form is included in a Privacy Act System of Records [DOT/FAA 847, Aviation Records on Individuals](#), and is subject to the routine uses published in the Federal Register (75 FR 68849-52 - Nov. 9, 2010) including:

- Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:
  - The type of certificates and rating held;
  - The date, class, and restrictions of the latest physical airman's certificate number;
  - The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
  - The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
  - Information relating to an individual's physical status or condition used to determine statistically the validity of FAA medical standards; and
  - Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.
- Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.
- Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.
- Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.
- Providing information about enforcement actions, or orders issued thereunder, to government agencies, the aviation industry, and the public upon request.
- Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury (Treasury) and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).
- Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.
- Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.
- Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including employers and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.
- Providing information about airmen through the airmen registry certification system to the Department of Health and Human Services, Office to the Child Support Enforcement, and the Federal Parent Locator Service that locates non-custodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternities, establishing and modifying support orders and location of obligors. Records named within the section on Categories of Records will be retrieved using Connect: Direct through the Social Security Administration's secure environment.
- Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.
- Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.
- Making airman, aircraft, and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), the Department of Justice (DOJ) and other authorized government users, for their use in managing, tracking and reporting aviation related security events.
- Providing information about airmen to Federal, State, local, and Tribal law enforcement, national security or homeland security agencies whenever such agencies are engaged in the performance of threat assessments affecting the safety of transportation or national security.

The Department has also published 15 general routine uses applicable to all DOT Privacy Act systems of records. These routine uses are published in the Federal Register at [84 FR 55222 - October 15, 2019](#), [77 FR 42796 - July 20, 2012](#), and [75 FR 82132 - December 29, 2010](#) and under "Privacy Act System of Records Notices" (available at <https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notices>).

**Disclosure:** Submission of all requested data is voluntary; however, failure to provide all the required information would result in the FAA's inability to issue a certificate and/or rating.

**FAA Form 8610-2, Airman Certificate and/or Rating Application – Mechanic and  
Parachute Rigger (14 CFR Part 65),  
Supplemental Information**

***Your signature on FAA Form 8610-2 acknowledges that you received the Pilot's Bill of Rights  
Written Notification of Investigation at the time of your application.***

**PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION OF INVESTIGATION**

The information you submit on the attached FAA form 8610-2, Airman Certificate and/or Rating Application-Mechanic and Parachute Rigger (14 CFR Part 65), will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman certificate, rating, or inspection authorization to you under Title 49, United States Code (U.S.C.) section 44703(a), if the Administrator finds, after investigation, that you are qualified for, and physically able to perform the duties related to the certificate, rating, or inspection authorization for which you are applying. Therefore, in accordance with the Pilot's Bill of Rights, the Administrator is providing you with this written notification of investigation of your qualifications for an airman certificate, rating, or inspection authorization:

- The nature of the Administrator's investigation, which is precipitated by your submission of this application, is to determine whether you meet the qualifications for the airman certificate, rating, or inspection authorization you are applying for under Title 14, Code of Federal Regulations (CFR) part 61, 63, or 65.
- Any response to an inquiry by a representative of the Administrator by you in connection with this investigation of your qualifications for an airman certificate, rating, or inspection authorization may be used as evidence against you.
- A copy of your airman application file for the date this application was made is available to you upon your written request addressed to:

Federal Aviation Administration  
Airman Certification Branch  
P.O. Box 25082  
Oklahoma City, OK 73125-0082

If you make a written request for your airman application file, please provide the following information in your request:

- Full legal name
- Date of birth or airman certificate number
- Date of the application

# FAA Form 8610-2, Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65), Supplemental Information

## Instructions for Completing FAA Form 8610-2

### GENERAL INFORMATION

- An electronic, fillable, printable version of FAA Form 8610-2 is available at [www.faa.gov](http://www.faa.gov).
- Make all entries using permanent dark blue or black ink, or a typewriter or printer. All signatures must be original, with the name printed or typewritten below or beside the signature.
- Complete two (2) originals of FAA Form 8610-2 when submitting a printed application.
- Unless otherwise specified, enter all dates using eight-digit numeric characters, MM/DD/YYYY (e.g., 03/29/2019).
- Read all supplemental information provided with this form including the Paperwork Reduction Act Burden statement, the Privacy Act statement, the Pilot's Bill of Rights Written Notification of Investigation, and the Instructions for Completing FAA Form 8610-2. Remove and retain the supplemental information before submitting the application.

**IMPORTANT NOTE: The applicant's signature on FAA Form 8610-2 confirms the applicant has received the Privacy Act statement and the Pilot's Bill of Rights Written Notification of Investigation at the time application was made.**

All applications must have the application **TOP Section, Section I. APPLICANT INFORMATION** and **Section IV. APPLICANT'S CERTIFICATION** completed. See the instructions below to determine the additional sections/blocks to be completed depending on the certificate requested and the basis for certification.

### Page 1 - TOP Section

**Original Issuance, Added Rating, Other.** Mark the appropriate box to indicate the reason application is being made. Mark the "Added Rating" box only if you already have an airman certificate and are adding a rating to that certificate. Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, and enter the type of change requested.

**Certificate Type and Ratings.** Mark the appropriate box for the certificate type and the rating(s) being applied for. Apply for only one certificate type per application. Line through (cross out) ratings not applied for unless you currently hold that rating.

### Section I. APPLICANT INFORMATION

**A. Name.** Enter your full legal name. Use commas to separate names, i.e. Last, First, Middle. If your full legal name is more than 47 characters including the suffix and spaces, use no more than one middle name for record purposes. Do not change your name on subsequent applications unless it is done in accordance with 14 CFR § 65.16.

If you have a middle initial only, enter the initial. If you do not have a middle name or middle initial, enter "NMN" (no middle name).

Indicate if you are a Jr., II, or III, etc.

**B. Date of Birth.** Enter your date of birth in the MM/DD/YYYY format.

**C. Place of Birth.** If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country, or province and country, of where you were born.

**D. Height.** Enter your height in inches. Example: 5'8" is entered as 68 in. No fractions, use whole inches only.

**E. Weight.** Enter your weight in pounds. No fractions, use whole pounds only.

**F. Hair Color.** Spell out the color of your hair. Choose from the following: bald, black, blond, brown, gray, red or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

**G. Eye Color.** Spell out the color of your eyes. Choose from the following: black, blue, brown, gray, green, or hazel.

**H. Sex.** Mark either Male or Female.

**I. Citizenship/Nationality.** Mark the box for USA if you are a U.S. Citizen or legally naturalized U.S. Citizen. Otherwise, mark "Other" and enter the country where you are a legal citizen. Only show one citizenship reference in Block I. Annotate dual citizenship countries in the REMARKS section.

**Note:** To claim Dual Citizenship, you must present appropriate citizenship documentation for each country upon application.

**J1. Physical Location/Address.** Enter your complete residential address including street number, city, state, and ZIP code. This block cannot be left blank. If you have a foreign address, the country must be stated.

If a residential address does not exist, such as when the applicant resides on a rural route, a boat, or some other manner that requires the use of a P.O. Box, rural route, or personal mailbox, a map or written directions to your physical address, 911 address, or Global Positioning System (GPS) coordinates must be attached to the application or entered in the Remarks block. Mark box for attached directions, if applicable.

A map or written directions are not required for Army Post Office (APO)/Fleet Post Office (FPO)/Diplomatic Post Office (DPO) type addresses.

**J2. Mailing Address.** Enter your mailing address, if different from block J1. This address will be printed on the permanent airman certificate.

You may leave the block blank if the "Same as J1" box is marked. A post office box, rural route, personal mailbox, commercial, or other mail drop can be used as your preferred mailing address.

To have your airman certificate mailed to an address other than what is listed in blocks J1 or J2, provide mailing instructions on a separate attachment or in the remarks section of the form.

**K. Other FAA Airman Certificate?** Mark yes or no. If yes, state the certificate type and number. Types of certificates include: pilot, mechanic, repairman, etc. A student pilot certificate is a pilot certificate.

**L. Have you ever had a certificate suspended or revoked?** Mark yes or no. If "YES" is marked, refer to §§ 65.11(c) and (d).

**M. Do you read, write, speak and understand the English language.** Mark yes or no. Refer to § 65.71 and § 65.113(a)(2).

**N. Drugs or substance conviction?** Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

# FAA Form 8610-2, Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65), Supplemental Information

## Instructions for Completing FAA Form 8610-2, continued

### II. APPLICATION BASIS

**A. Mechanic - Civil Experience.** Mark this box when applying for a Mechanic certificate based on civil experience in accordance with § 65.77. If you gained practical experience in both civil activity and military activity, mark both item A and item B. Enter your experience in Section III.

**B. Mechanic - Military Experience.** Mark this box when applying for a Mechanic certificate based on military experience. Enter your experience in Section III. All military applicants must complete blocks B1 - B3. Only JSAMTCC applicants complete blocks B4 - B6.

**B1. Military Service.** If you gained all or part of the required experience in the military, enter the branch of service in which you gained your experience.

**B2. Military Rank or Grade.** If you gained all or part of the required experience in the military, enter the highest rank or pay level you obtained.

**B3. Military Specialty Code(s).** If you gained all or part of the required experience in the military, enter the military specialty code(s) (or equivalent, depending on the applicable branch of service) in which your experience was gained.

**B4. JSAMTCC Curriculum Completion.** If you completed the JSAMTCC program, mark the box of the corresponding JSAMTCC curriculum that was completed.

**B5. Completion Date.** Enter the date you completed the JSAMTCC program, as shown on the JSAMTCC completion certificate.

**B6. JSAMTCC Certificate Control No.** Enter the certificate control number as shown on the JSAMTCC Certificate of Eligibility.

**C. Mechanic - Graduate of an Approved Course.** Mark this box when applying for a Mechanic certificate based on graduation from a 14 CFR part 147 Aviation Maintenance Technician School (AMTS) FAA-Approved curriculum, including § 65.80 applicants. Complete blocks C1 through C9 as applicable.

**C1. Select Basis.** Mark the appropriate box to indicate the basis of application for graduates of an approved course.

**C2. AMTS Certificate Number.** Enter the certificate number of the AMTS from which you graduated.

**C3. AMTS Name.** Enter the name of the AMTS from which you graduated.

**C4. AMTS Location.** Enter the location (city and state) of the AMTS from which you graduated.

**C5. Curriculum.** Mark the appropriate box for the curriculum from which completed/graduated, as stated on the certificate. For § 65.80 applicants, mark the box for the curriculum you are currently enrolled in. Only mark "Airframe and Powerplant" if you have a single certificate showing graduation/completion of a combined airframe and powerplant curriculum. If applying for both ratings, but have graduated from separate curriculums and have separate completion certificates, mark both the airframe and the powerplant box.

**C6. Graduation Date.** Enter the date of AMTS graduation as shown on the graduation certificate or certificate of completion. Enter dates using the MM/DD/YYYY format. If applying for both ratings, but have graduated from separate curriculums with separate completion certificates, enter the additional graduation date in the Remarks block on page 2.

For § 65.80 applicants, enter the date you will graduate.

**C7. § 65.80 – Student Progress.** An authorized AMTS official marks this block to indicate that the student meets the requirements to test under § 65.80.

**C8. School Officials Signature.** The authorizing AMTS official must enter their signature above or beside their typed or printed name to indicate the student meets AMTS requirements for testing under § 65.80.

**C9. Date.** The authorizing AMTS official must enter the date they sign block C8.

**D. § 65.80 – Special Authorization.** These blocks are for FAA use only.

**E. Parachute Rigger.** Mark this box when applying for a Parachute Rigger Certificate. For Master Parachute Rigger applicants only, enter your experience in Section III.

**E1. Number of Parachutes Packed.** Indicate the number of parachutes packed of each type.

**E. Parachute Rigger.** Instructions continued from previous column.

**E2. Packed as a.** Master parachute rigger applicants must mark the appropriate box(es) to indicate if any of the parachutes were packed as a senior rigger and/or military rigger.

### III. RECORD OF EXPERIENCE

**Columns 1 through 4.** Enter your work experience related to the certificate and rating being applied for. Must be completed by Civil or Military Mechanic applicants and Master Parachute Rigger applicants. Continue additional information on a separate sheet if necessary. Mark the box if you have attached a separate sheet showing additional experience.

**Note:** Mechanic applicants should provide dates of experience in the eight-digit (MM/DD/YYYY) numeric format if necessary to count the days to ensure eligibility based on 18 or 30 months of practical experience, as applicable. Dates can be handwritten in columns 1 and 2, or annotated in the Remarks block.

**1. Date From.** Enter your employment start date in a six-digit (MM/YYYY) numeric character format.

**2. Date To.** Enter your employment end date in a six-digit (MM/YYYY) numeric character format.

**3. Employer and Location.** Enter the name of your employer and the city and state of your employment.

**4. Type of Work Performed.** Enter the type of work performed with the employer, related to the certificate and rating requested. Job titles are not a description of the type of work performed.

### IV. APPLICANT'S CERTIFICATION (page 1)

**Applicants Signature.** Sign your name.

**Date.** Enter the date you signed the form, using the MM/DD/YYYY format.

**V. FAA Endorsement.** Block is for FAA Use only.

**Note:** FAA endorsement for testing is required for applicants applying based on civil or military experience. AMTS and JSAMTCC graduates do not need FAA endorsement to test.

### PAGE 2

**APPLICANT INFORMATION.** When the application is printed on 2 separate pages (i.e. not printed double-sided), enter your name, date of birth, and your certificate number relating to this application. Leave the certificate number blank if this is an application for original issuance.

**Note:** This ensures page 2 of the application is placed with the correct applicant on page 1 if the pages become separated.

**REMARKS.** You may annotate attachments, dual citizenship, mailing, or other information related to the application, in this block. This block is also used by the FAA for annotating additional information regarding the application.

**APPLICANT'S CERTIFICATION (Page 2).** Only complete this section at the time of issuance of a temporary certificate.

**A. Certificate suspended or revoked?** Mark yes or no. If "YES" is marked, refer to § 65.11(c) and (d).

**B. Drug or Substance Conviction?** Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

**Applicant Signature.** Sign your name.

**Date.** Enter the date you sign the application, using the MM/DD/YYYY format.


**ATTACHMENTS.** Mark appropriate box(s) indicating attachments to the application. Select "Other" when attachments are not listed in this block, and annotate the attachment(s) in the Remarks block.

**APPLICANT IDENTIFICATION (ID).** This is completed by the person verifying your identity at the time of application or testing, and confirmed at certificate issuance. Changes or corrections can be annotated in the Remarks block.

If the applicant does not have a telephone number or email address, or chooses not to provide this information, enter "NONE" in the block.



TYPE OR PRINT ALL ENTRIES IN DARK INK

 <h2 style="margin: 0;">Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger</h2> <h3 style="margin: 0;">(14 CFR Part 65)</h3>							
<input type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING <input type="checkbox"/> OTHER _____		<input type="checkbox"/> <b>MECHANIC</b> <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant		<input type="checkbox"/> <b>PARACHUTE RIGGER</b> <input type="checkbox"/> SENIOR <input type="checkbox"/> MASTER		<input type="checkbox"/> Seat <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Lap	

**I. APPLICANT INFORMATION**

A. Name (Last, First, Middle)			B. Date of Birth (MM/DD/YYYY)		C. Place of Birth (City and State) or (City and Country)		
D. Height (Inches)	E. Weight (Pounds)	F. Hair Color (spell out)	G. Eye Color (spell out)	H. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Citizenship / Nationality <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached.		J2. Mailing Address (Will show on certificate) <input type="checkbox"/> Same as J1.		K. Do you now hold or have you ever held an FAA airman certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____			
				L. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes			
				M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input type="checkbox"/> Yes			
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____							

**II. APPLICATION BASIS** Complete Section III, Record of Experience, when application basis is A, B or E (Master Rigger only) below.

<input type="checkbox"/> A. MECHANIC - CIVIL EXPERIENCE							
<input type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE				B1. Military Service (Branch):		B2. Military Rank/Grade:	
B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant				B5. Completion Date (MM/DD/YYYY)		B6. JSAMTCC Certificate Control No.	
<input type="checkbox"/> C. MECHANIC – GRADUATE OF AN APPROVED COURSE				C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT			
C2. AMTS Certificate Number		C3. AMTS Name			C4. AMTS Location (City, State)		
C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant				C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80)			
C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80.			C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign)			C9. Date (MM/DD/YYYY)	
<input type="checkbox"/> D. § 65.80 – Special authorization to take Mechanic's Oral/Practical test.		D1. Date Authorized (MM/DD/YYYY)		D2. Date Auth. Expires (MM/DD/YYYY)		D3. FAA Signature (Print Name and Sign)	
						D4. FAA Office/Desig. No.	
<input type="checkbox"/> E. PARACHUTE RIGGER		E1. Number of Parachutes Packed Seat _____ Chest _____ Back _____ Lap _____				E2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger	

**III. RECORD OF EXPERIENCE** Continue additional information on a separate sheet if necessary. ☐ Mark this box if separate sheet attached for additional experience.

1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATION (Employer Name, City, State)	4. TYPE OF WORK PERFORMED (Describe work performed, not job title)

**IV. APPLICANT'S CERTIFICATION** This area is completed by the applicant at the time application is made.

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 received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature	Date (MM/DD/YYYY)

**V. FAA ENDORSEMENT:** I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.
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**APPLICANT INFORMATION** (Required if application is printed on 2 pages)

Name (as shown on page 1 of application):	Date of Birth (MM/DD/YYYY):	Certificate Number (if any):
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**RESULTS OF ORAL AND PRACTICAL TESTS** (For FAA Use Only)

Mechanic			
I. GENERAL			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Question Number			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Project Number			
II. AIRFRAME STRUCTURES			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Question Number			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Project Number			
III. AIRFRAME SYSTEMS AND COMPONENTS			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Question Number			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Project Number			
IV. POWERPLANT THEORY AND MAINTENANCE			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Question Number			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Project Number			
V. POWERPLANT SYSTEMS AND COMPONENTS			
Oral Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Question Number			
Practical Test	<input type="checkbox"/> PASS	EXPIRATION DATE:	<input type="checkbox"/> FAIL
Project Number			

Parachute Rigger			
TYPE	SEAT	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
	BACK	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
	CHEST	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
	LAP	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
PARACHUTE SEAL SYMBOL ASSIGNED:			

REMARKS

**APPLICANT'S CERTIFICATION** This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

A. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES	
B. 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____	
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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form.	
Applicant's Signature	Date (MM/DD/YYYY)

**FAA EXAMINER'S REPORT**

I have <u>tested this applicant</u> 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 NOT Issued)	<input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED <input type="checkbox"/> DISAPPROVED
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.
I have <u>examined this applicant's papers</u> and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued)		
FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office/Designation No.

**ATTACHMENTS**

<input type="checkbox"/> Knowledge Test Report(s)	<input type="checkbox"/> Temporary Certificate
<input type="checkbox"/> Test Planning Sheet	<input type="checkbox"/> Statement of Additional Instruction
<input type="checkbox"/> Graduation/Completion Certificate	<input type="checkbox"/> Other <u>see Remarks block</u>

**APPLICANT IDENTIFICATION (ID)** (Government Issued Photo ID)

Form of ID	State or Country
ID Number	Expiration Date
Telephone No	Email Address

**FAA FILE REVIEW** (For FAA Office Use Only)

FAA Signature (Print Name and Sign)	Date (MM/DD/YYYY)	FAA Office
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