





**Note: If a P.O. Box or Rural Route is used, you must furnish (on a separate sheet of paper) the directions required to find your residence. This becomes part of the application and must be signed by you, the applicant. The following shows an example of one applicant's additional statement. Example: "I live 2 miles north of state highway 37 on Peachtree Lane in a two-story house with large barn in the back." (You must sign this statement.)**

**Block 3. U.S. CITIZEN** — You must check Yes or No.

**Block 3A. COUNTRY IN WHICH YOU HOLD CITIZENSHIP** — Enter name of country. If dual citizenship is held, indicate the names of both countries.

**Block 3B. DAR-T Repairmen must enter the certificate number(s) of the repair station where they perform work.**

**Block 4. SOCIAL SECURITY NUMBER.**

- (1) Completing Block 4 is optional. (See "PRIVACY ACT" STATEMENT.)
- (2) Enter your SSN or either "DO NOT USE" or "NONE."

**Block 5. DATE OF BIRTH** — Use six-digit, numeric characters, i.e., 08-09-60; not August 9, 1960.

**Block 6. TELEPHONE NUMBER** — Provide a home telephone number and a business telephone number including area code and extension, if applicable.

**Block 7. DESIGNATION SOUGHT**

- (1) DME applicants will check the "Designated Mechanic Examiner" box and will check the "Airframe" rating box for the Airframe rating, the "Powerplant" rating box for the Powerplant rating, or both the "Airframe" and "Powerplant" rating boxes for the Airframe and Powerplant (A&P) rating.
- (2) DPRE applicants will check the "Designated Parachute Rigger Examiner" box and will check the "Seat" rating box for the Seat type rating, the "Back" rating box for the Back type rating, the "Chest" rating box for the Chest type rating and the "LAP" rating box for the Lap type rating. DPRE's are required to hold at least two parachute rigger type ratings, i.e.; Seat and Back, Seat and Chest, Back and Chest, etc., and hold a Master Parachute Rigger Rating.
- (3) DAR-T/ODAR-T applicants will check the Designated Airworthiness Representative (Maintenance only) box and identify specific function(s) currently authorized to perform in accordance with procedures set forth in AC 183-35 latest revision, Airworthiness Designee Function Codes and Consolidated Directory for DMIR/DAR/DAS/DOA and SFAR No. 36, and/or FAA Order 8100.8 latest revision, Designee Management Handbook, for which an appointment is sought in block 7b.

**Block 7a. FSDO OR IFO OF JURISDICTION** — From the list on page iv of this application, enter the FSDO or IFO that has jurisdiction in the area or location where you are presently located.

**Block 7b. DAR-T/ODAR-T APPLICANT'S FUNCTION(S)** — DAR-T/ODAR-T applicants will identify specific functions which they are currently authorized to perform in accordance with AC 183-35 latest revision and /or FAA Order 8100.8 latest revision for which designation is sought. (Maintenance Functions only)

**Block 8. EDUCATION AND TRAINING** — Enter all formal education.

- (1) Dates: Enter the beginning and ending dates of the training [including general education (i.e. high school, GED, etc.)] that you attended. Use six-digit, numeric characters (i.e., 08-09-60). Do not use August 9, 1960.
- (2) Name of School: Enter the name of the school where training was received.
- (3) Curriculum: Enter the school's curriculum: i.e.; Airframe, Powerplant, or Airframe and Powerplant (A&P).
- (4) Degree or Certificate: Enter the degree or type of certificate received (i.e., AA/BS/BA/MA/MB).

**Block 9. FAA CERTIFICATES NOW HELD PERTINENT TO DESIGNATION SOUGHT**

- (1) Enter type certificate(s) held-Mechanic, Master Parachute Rigger, or Repairmen's Certificate.
- (2) Enter the certificate number for each type certificate.
- (3) Enter the rating(s) you hold: i.e., Airframe, Powerplant, Airframe and Powerplant; or Parachute Rigger with Seat, Back, Chest, or Lap ratings.
- (4) Enter the original date the certificate(s) and rating(s) were issued. (If the certificate was lost and a new one was issued, or you have added a rating your present certificate will not have the original date of issue, or if you have added a rating, your present certificate will not have the original date of issue).

**Block 10. WORK EXPERIENCE**

- (1) Complete the name, address, and telephone number of the employer/organization.
- (2) Job Title: Enter job title.
- (3) Dates Employed: Enter date employment began and date employment ended (i.e. 02-14-67 to 06-23-70). Use six-digit, numeric characters (i.e., 08-09-60); not August 9, 1960.
- (4) Supervisor's Name: Enter the supervisor's name(s).
- (5) Reason for leaving: Enter reason for leaving this position.
- (6) Description of Duties: Give a complete description of the duties performed during this period of employment.

**Block 11. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED** (DME and DPRE designees only).

- (1) Enter the address (including city, state, and Zip Code) where designee functions will be performed.
- (2) Enter the telephone number of this location (including area code).

**Block 11a. LOCAL FSDO OR IFO THAT MANAGES THIS AREA** — From the list on page v enter the FSDO or IFO that has jurisdiction in the area or location where you will performing the designee duties.

**Blocks 12 through 21.**

1. All blocks must be answered "YES" or "NO." Do not leave any block blank. All "YES" answers must be explained on an attached sheet of paper.

**Block 22. AWARDS PROGRAM** — Complete this block by filling in the required items.

**Block 23. APPLICANT'S SIGNATURE** — Sign and date the application after reading the statements in this block.

**Block 23a. TYPED OR PRINTED NAME OF APPLICANT** — The applicant will type or print his or her name in this block of the application.

### FOR FAA OR NATIONAL EXAMINER BOARD USE ONLY

**Block 24. FOR ORIGINAL ISSUANCE ONLY** — This block will be filled out by a representative of the National Examiner Board to record qualification and referral information. The NEB personnel will:

- (1) Check the qualified or not qualified block and enter date of determination.
- (2) If qualified and referred, indicate to which FSDO the applicant was assigned and enter date of referral.
- (3) The NEB representative will sign, list title, and date this portion when NEB action has occurred.

**Block 24a. DAR-T RECORD OF APPROVAL** — This block will be filled out by the Principal Maintenance Inspector (PMI) representing the FSDO or IFO requesting a new designee and will indicate which functions the applicant is authorized to perform, and any limitations, in accordance with AC 183.35 latest revision, Airworthiness Designee Function Codes and Consolidated Directory for DMIR/DAR/ODAR/DAS/DOA and SFAR No. 36.

**Block 25. SIGNATURE AND DATE** — The Regional Office will sign and date this block of the application. This responsibility may be delegated to the local FSDO or IFO.

**Block 26. DME/DPRE RECORD OF APPROVAL**

**Block 26a. PMI FSDO OR IFO ACTION** — Check the approve or disapprove box to indicate the selection status of each applicant's files when the files are received from the NEB.

**Block 26b. REMARKS** — Complete with any remarks that are appropriate.

**Block 26c. SIGNATURE AND DATE** — The PMI will sign and date this block of the application.

**Block 26d. FSDO OR IFO MANAGER'S APPROVAL** — The FSDO or IFO manager will check the approve or disapprove box to indicate concurrence or nonconcurrence of the selection of each applicant when files are forwarded by the PMI.

**Block 26e. REMARKS** — Complete with any remarks that are appropriate.

**Block 26f. SIGNATURE AND DATE** — The FSDO or IFO manager will sign and date this block of the application.

**NOTE:** Blocks 27 through 27i are for renewals, reinstatements, and additional authorizations. Indicate by a check mark in the appropriate box if the application is for a renewal, reinstatement, or additional authorization.

**Block 27. FSDO OR IFO ACTIONS** — The FSDO or IFO representative will check the box to indicate the type of action requested by the applicant.

**Block 27a. ORIGINAL CERTIFICATION VERIFICATION** — Check Yes or No to indicate the designee continues to meet the original designation criteria.

**Block 27b. CRITERIA FOR ADDITIONAL AUTHORIZATION** — The PMI will check the Yes or No box to indicate the applicant meets the criteria for the additional authorization sought.

**Block 27c. NEED FOR DESIGNEE** — The PMI will indicate if there is still a need for the applicant's service by checking Yes or No.

**Block 27d. INSPECTOR'S ACTION** — The PMI will check the approve or disapprove box to indicate the applicant is or is not authorized for renewal, reinstatement, or additional authorization when the request is received from the applicant.

**Block 27e. REASON FOR DISAPPROVAL** — The PMI will complete this block and list the reason(s) the applicant is not being approved for the designation sought.

**Block 27f. SIGNATURE AND DATE** — The PMI will sign and date this block of the application.

**Block 27g. FSDO OR IFO MANAGER'S APPROVAL** — The FSDO or IFO manager will check the approve or disapprove box to indicate concurrence or nonconcurrence of the action requested by each applicant when files are forwarded by the PMI.

**Block 27h. REASON FOR DISAPPROVAL** — The FSDO or IFO manager will complete this block and list the reason(s) the applicant is not being approved for the designation sought.

**Block 27i. SIGNATURE AND DATE** — The FSDO or IFO manager will sign and date this block of the application.

**NOTICE:** Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious, or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned for not more than 5 years, or both. (18 U.S. Code Secs 1001;3571)

## LIST OF FLIGHT STANDARDS DISTRICT OFFICES

### WESTERN PACIFIC REGION (AWP)

FAT FSDO-17 FRESNO, CA  
 HNL FSDO-13 HONOLULU, HI  
 LAS FSDO-19 LAS VEGAS, NV  
 LAX FSDO-23 LOS ANGELES, CA  
 LGB FSDO-05 LONG BEACH, CA  
 OAK FSDO-27 OAKLAND, CA  
 RAL FSDO-21 RIVERSIDE, CA  
  
 RNO FSDO-11 RENO, NV  
 SAC FSDO-25 SACRAMENTO, CA  
 SAN FSDO-09 SAN DIGEO, CA  
 SDL FSDO-07 SCOTTSDALE, AZ  
  
 SJC FSDO-15 SAN JOSE, CA  
 VNY FSDO-01 VAN NUYS, CA  
 SFO FSDO-03 SAN FRANCISCO, CA

### SOUTHERN REGION (ASO)

ALT FSDO-11 COLLEGE PARK /  
ATLANTA, GA  
 BHM FSDO-09 BIRMINGHAM, AL  
 BNA FSDO-03 NASHVILLE, TN  
 CAE FSDO-13 WEST COLUMBIA, SC  
 FLL FSDO-17 FT. LAUDERDALE, FL  
 TPA FSDO-35 TAMPA, FL  
  
 INT FSDO-05 WINSTON-SALEM, NC  
 JAN FSDO-07 JACKSON, MS  
 LOU FSDO-01 LOUISVILLE, KY  
 MEM FSDO-25 MEMPHIS, TN  
  
 MIA FSDO-19 MIAMI, FL  
 ORL FSDO-15 ORLANDO, FL  
 CLT FSDO-33 CHARLOTTE, NC  
 SJU FSDO-21 SAN JUAN, PR  
 TPA FSDO TAMPA, FL

### EASTERN REGION (AEA)

ABE FSDO-05 ALLENTOWN, PA  
 FRG FSDO-11 FARMINGDALE, NY  
 AGC FSDO-03 WEST MIFFLIN /  
PITTSBURGH, PA  
 ALB FSDO-01 ALBANY, NY  
 BAL FSDO-07 BALTIMORE, MD  
 CRW FSDO-09 CHARLESTON, WV  
  
 DCA FSDO-27 CHANTILLY, VA /  
WASHINGTON, DC  
 HAR FSDO-13 NEW CUMBERLAND /  
HARRISBURG, PA  
  
 PHL FSDO-17 PHILADELPHIA, PA  
 NYC FSDO-15 GARDEN CITY, NY  
 PIT FSDO-19 CORAOPOLIS /  
PITTSBURGH, PA  
 RIC FSDO-21 SANDSTON /  
RICHMOND, VA  
 ROC FSDO-23 ROCHESTER, NY  
 TEB FSDO-25 TEREBORO, NJ  
 NY IFO-29 JAMAICA, NY

### GREAT LAKES REGION (AGL)

CLE FSDO-25 CLEVELAND, OH  
 CMH FSDO-07 COLUMBUS, OH  
 CVG FSDO-05 CINCINNATI, OH  
 DPA FSDO-03 WEST CHICAGO, IL  
 DTW FSDO-23 BELLEVILLE, MI  
 FAR FSDO-21 FARGO, ND  
 GRR FSDO-09 GRAND RAPIDS,  
MI  
 IND FSDO-11 INDIANAPOLIS, IN  
 MKE FSDO-13 MILWAUKEE, WI  
 MSP FSDO-15 MINNEAPOLIS, MN  
 ORD FSDO-31 SCHILLER PARK,  
IL  
 RAP FSDO-27 RAPID CITY, SD  
 SBN FSDO-17 SOUTH BEND, IN  
 SPI FSDO-19 SPRINGFIELD, IL

### SOUTHWEST REGION (ASW)

ABQ FSDO-01 ALBUQUERQUE, NM  
 BTR FSDO-03 BATON ROUGE, LA  
 DAL FSDO-05 DALLAS, TX  
 DWF FSDO-07 DALLAS, TX  
 FTW FSDO-19 FORT WORTH, TX  
 HOU FSDO-09 HOUSTON, TX  
 LBB FSDO-13 LUBBOCK, TX  
 LIT FSDO-11 LITTLE ROCK, AR  
 OKC FSDO-15 OKLAHOMA CITY, OK  
 SAT FSDO-17 SAN ANTONIO, TX

### NEW ENGLAND REGION (ANE)

BED FSDO-01 BEDFORD, MA  
 BDL FSDO-03 WINDSOR LOCKS, CT  
 BOS FSDO-02 BOSTON, MA  
 PWM FSDO-05 PORTLAND, ME

### CENTRAL REGION (ACE)

DSM FSDO-01 DES MOINES, IA  
 ICT FSDO-07 WICHITA, KS  
 LNK FSDO-09 LINCOLN, NE  
 MCI FSDO-05 KANSAS CITY, MO  
 STL FSDO-03 ST. ANN /  
ST. LOUIS, MO

### ALASKAN REGION (AAL)

ANC FSDO-03 ANCHORAGE, AK  
 FAI FSDO-01 FAIRBANKS, AK  
 JNU FSDO-05 JUNEAU, AK

### NORTHWEST MOUNTAIN REGION (ANM)

BOI FSDO-11 BOISE, ID  
 CPR FSDO-04 CASPER, WY  
 DEN FSDO-03 DENVER, CO  
 GEG FSDO-13 SPOKANE, WA  
 HLN FSDO-05 HELENA, MT  
 PDX FSDO-09 HILLSBORO /  
PORTLAND, OR  
 SEA FSDO-01 SEATTLE, WA  
 SLC FSDO-07 SALT LAKE CITY, UT  
 DEN FSDO-30 DENVER, CO

### INTERNATIONAL FIELD OFFICE LIST

FRA IFO-EA33 FRANKFURT  
 SIN IFO-WP33 SINGAPORE  
 BRX IFO-EA31 BRUSSELS  
 LGW IFO-EA35 LONDON  
 MIA IFO-SO23 MIAMI SPRINGS,  
FL  
 DFW IFO-SW23 DALLAS, TX



U.S. Department of Transportation  
Federal Aviation Administration

## Application and Statement of Qualification (DME/DPRE/DAR-T/ODAR-T)

This application is for:    **Initial Application**     **Reinstatement**     **Expanded Authority**     **Renewal**

Have you ever held a current or previous designation in any region?    **Yes**     **No**

If "Yes" give designation number and dates:    Designation Number: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

|                                               |                                                                                        |
|-----------------------------------------------|----------------------------------------------------------------------------------------|
| 1. Name ( <i>Last, First, Middle</i> )        | 3. Are You a U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Address ( <i>Apt No., Number, Street</i> ) | 3a. If not a U.S. Citizen, Name the Country.                                           |
| City _____ State _____ Zip _____              | 3b. DAR-T Repairman Repair Station Number(s)                                           |

|                                            |                           |                                            |
|--------------------------------------------|---------------------------|--------------------------------------------|
| 6. Phone No.    Home: _____<br>Work: _____ | 4. Social Security Number | 5. Date of Birth ( <i>Month/Day/Year</i> ) |
|--------------------------------------------|---------------------------|--------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 7. Designation Sought ( <i>Check appropriate box(es) below:</i> )<br><input type="checkbox"/> Designated Mechanic Examiner (DME) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe and Powerplant<br><input type="checkbox"/> Designated Parachute Rigger Examiner (DPRE) <input type="checkbox"/> Seat <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Lap<br><input type="checkbox"/> Designated Airworthiness Representative (DAR-T) (Maintenance Function(s) only)<br><input type="checkbox"/> Organizational Designated Airworthiness Representative (ODAR-T) (Maintenance Function(s) only) | 7a. Your Flight Standards District Office (FSDO) or International Field Office (IFO) of jurisdiction? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

7b. DAR-T/ODAR-T applicants shall list specific function codes requested from those identified in AC 183-35 and/or FAA Order 8100.8 (Maintenance Only).

8. Did you graduate from high school or have a GED high school equivalency?

Yes    If "YES" give month and year of graduation. \_\_\_\_\_

No    If "NO" give the highest grade completed. \_\_\_\_\_

| College and/or Technical Training |             | Name of School | Curriculum or Study Program | Degree or Certificate Received |
|-----------------------------------|-------------|----------------|-----------------------------|--------------------------------|
| From:                             | To:         |                |                             |                                |
| MM - DD -YY                       | MM - DD -YY |                |                             |                                |
|                                   |             |                |                             |                                |

9. FAA Certificates Held Pertinent to Designation Sought

| Type | Certificate Number | Rating | Original Date of Issue |
|------|--------------------|--------|------------------------|
|      |                    |        |                        |
|      |                    |        |                        |

10. Work Experience:

Describe all work experience that pertains to your qualifications for the designation sought. Describe your current or most recent work experience in Block A and work backwards, describing each applicable position you have held during at least the past 5 years. You may describe work experience accrued more than 5 years ago if you wish to do so. Use a separate block for each position described. Include military service if your military experience is pertinent to your application for a designation.

|                                                                           |                    |
|---------------------------------------------------------------------------|--------------------|
| A. Name of Employer/Organization:                                         | Telephone No.      |
| Address                                                                   |                    |
| City                                                                      | State              |
| Job Title:                                                                | Supervisor's Name: |
| Dates Employed:<br>From: _____ To: _____                                  |                    |
| Reason for Leaving:                                                       |                    |
| Description of Duties (Use blank sheet of paper if more space is needed.) |                    |

|                                          |                    |
|------------------------------------------|--------------------|
| B. Name of Employer/Organization:        | Telephone No.      |
| Address                                  |                    |
| City                                     | State              |
| Job Title:                               | Supervisor's Name: |
| Dates Employed:<br>From: _____ To: _____ |                    |
| Reason for Leaving:                      |                    |

|                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Description of Duties: <i>(Use blank sheet of paper if more space is needed.)</i>                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
|                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| C. Name of Employer/Organization:                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              | Telephone No.                                                                                                                        |
| Address                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| City                                                                                                                                                                                                                                                                 |                                                                                                                                                    | State                                                                                                                                                        | Zip                                                                                                                                  |
| Job Title:                                                                                                                                                                                                                                                           | Dates Employed:<br>From: _____ To: _____                                                                                                           | Supervisor's Name:                                                                                                                                           |                                                                                                                                      |
| Reason for Leaving:                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| Description of Duties: <i>(Use blank sheet of paper if more space is needed.)</i>                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
|                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| D. Name of Employer/Organization:                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              | Telephone No.                                                                                                                        |
| Address                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| City                                                                                                                                                                                                                                                                 |                                                                                                                                                    | State                                                                                                                                                        | Zip                                                                                                                                  |
| Job Title:                                                                                                                                                                                                                                                           | Dates Employed:<br>From: _____ To: _____                                                                                                           | Supervisor's Name:                                                                                                                                           |                                                                                                                                      |
| Reason for Leaving:                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| Description of Duties: <i>(Use blank sheet of paper if more space is needed.)</i>                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
|                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| E. Name of Employer/Organization:                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              | Telephone No.                                                                                                                        |
| Address                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| City                                                                                                                                                                                                                                                                 |                                                                                                                                                    | State                                                                                                                                                        | Zip                                                                                                                                  |
| Job Title:                                                                                                                                                                                                                                                           | Dates Employed:<br>From: _____ To: _____                                                                                                           | Supervisor's Name:                                                                                                                                           |                                                                                                                                      |
| Reason for Leaving:                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| Description of Duties: <i>(Use blank sheet of paper if more space is needed.)</i>                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
|                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| 11. Location Where Designee Functions Will Be Performed: (DME or DPRE ONLY)                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| Address                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                                                                              | Telephone No.                                                                                                                        |
| City, State and Zip Code                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| 11a. FSDO or IFO that manages the area where authorized functions will be performed:                                                                                                                                                                                 |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| 12. During the last 5 years were you fired from any job?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                 | 13. Have you ever been convicted of any felony violation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              | 14. Are you now under charges for any violation of law?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                          | 15. Have you ever been imprisoned, been on probation, or been on parole?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Have you ever been convicted by a military court-martial?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                            | 17. Have you ever been discharged from the military service under a General Discharge?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have you ever been discharged from a military service under other than Honorable Conditions?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Has any certificate issued to you ever been revoked?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 20. Have you ever been convicted of, or are you now under charges for, violation of Federal, State, or Local statutes relating to narcotic drugs, marijuana, depressants, or stimulant drugs or substances? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
| 21. Give full details regarding each question in blocks 12 through 19 to which you have answered "Yes." <i>(Use blank sheet of paper if more space is needed.)</i>                                                                                                   |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |
|                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                                                                                                                              |                                                                                                                                      |

22. Have you ever participated in the Maintenance Technician Award Program?  Yes  No

If yes, list the latest year you participated. \_\_\_\_\_

Check which Phase:  Phase I - Bronze  Phase II - Silver  Phase III - Gold  
 Phase IV - Ruby  Phase V - Diamond

Remarks:

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**SIGNATURE, RELEASE OF INFORMATION, AND CERTIFICATION-Read Carefully YOU MUST SIGN AND DATE THIS APPLICATION - (You must print or type your name under the signature block)**

- I understand that a false statement on any part of this application will be grounds for not approving this application, for rescinding my eligibility as an examiner or designee candidate, for not designating me, or for terminating any designation I may receive.
- I understand that any information I give may be investigated.
- I consent to the release of information regarding my personal and technical qualifications for designation as a mechanic examiner/parachute rigger examiner/ designated airworthiness representative-maintenance/or organizational designated representative-maintenance by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, employees of the federal government, and persons not employed by the federal government to whom the Federal Aviation Administration (FAA) has delegated the authority to screen and approve or disapprove DME/DPRE/DAR-T/ODAR-T applicants.
- I understand that, if my application is accepted, approval for assignment to the national examiner/designee candidate pool is dependent on satisfactory completion of the predesignation knowledge test with a score of 80 percent or higher for DME/DPRE.
- I understand that assignment to the national examiner/designee candidate pool does not guarantee selection or designation as a mechanic examiner/parachute rigger examiner/or designated airworthiness representative maintenance and that, if selected, designation is dependent upon satisfactory completion of a practical test (demonstration of competency) for DME/DPRE and satisfactory completion of the Initial Technical Airman Examiner Standardization Seminar for DME/DPRE/DAR-T candidates.
- I understand that my FAA accident/incident violation history will be verified at each stage of the application process.
- I understand that designation as a mechanic examiner/parachute rigger examiner/designated airworthiness representative-maintenance/organizational designated airworthiness representative-maintenance is a privilege, not a right, and that any designation received may be terminated, revoked, or not renewed at any time or for any reason the FAA Administrator deems appropriate.
- I certify that, to the best of my knowledge and belief, all of my statements on this application are true, correct, complete, and in good faith.

**Notice: Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious, or fraudulent statements of representations, or entry, may be fined up to \$250,000 or imprisoned for not more than 5 years, or both. (18 U.S. Code Secs 1001;3571)**

|                                  |                                      |
|----------------------------------|--------------------------------------|
| 23. Signature of Applicant _____ | Date signed (Month, Day, Year) _____ |
|----------------------------------|--------------------------------------|

23a. Typed or Printed Name of Applicant \_\_\_\_\_

**FOR NATIONAL EXAMINER BOARD USE ONLY**

24. (For Original Issuance Only)

Qualified  Not Qualified Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ FSDO Date: \_\_\_\_\_

Signature of NEB Official: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**INITIAL SELECTION - FOR FAA (FSDO, RO, OR IFO) USE ONLY. BLOCKS 24A-26F**

24a. DAR-T RECORD OF APPROVAL

Designated Airworthiness Representative  Maintenance Function(s) NOTE: A separate approval is required for each discipline.

Function(s) Authorized (Identify specific function(s) authorized including any limitations). \_\_\_\_\_

25. Regional Office Signature of Approval DAR/ODAR Only  Approve  Disapprove

Regional Office Signature \_\_\_\_\_ Date \_\_\_\_\_

26. DME/DPRE RECORD OF APPROVAL

Designated Mechanic Examiner

Designated Parachute Rigger Examiner

26a. FSDO or IFO Principal Maintenance Inspector's Action:

APPROVE

DISAPPROVE

26b. Remarks:

26c. Principal Maintenance Inspector's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

26d. Managing FSDO or IFO Manager's Action:

APPROVE

DISAPPROVE

26e. Remarks:

26f. Managing FSDO or IFO Manager Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

27. FSDO or IFO Actions:

Renewal

Reinstatement

Additional Authorization

27a. The examiner continues to meet the criteria for the original designation

Yes

No

27b. The examiner meets the criteria for the additional authorization sought

Yes

No

27c. There is a need for the examiner's services

Yes

No

27d. Inspector's Action:

APPROVE

DISAPPROVE

27e. Reason for Disapproval (Use blank sheet of paper if more space is needed)

27f. Principal Maintenance Inspector's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

27g. Manager's Action:

APPROVE

DISAPPROVE

27h. Reason for Disapproval (Attach additional sheets, if required.)

27i. Managing FSDO or IFO Manager Signature: \_\_\_\_\_ DATE: \_\_\_\_\_