



U.S. Department
of Transportation

**Federal Aviation
Administration**

FAA Form 8710-11, Airman Certificate and/or Rating Application Supplemental Information and Instructions

Paperwork Reduction Act Statement

The information collected on this form is necessary to determine applicant eligibility for airman ratings. We estimate it will take 15 minutes to complete this form. The information collected is required to obtain a benefit and 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 2120-0021. 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 .

Privacy Act

The information on the accompanying form is solicited under authority of Title 14 of the code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of all requested data is mandatory, except for the Social Security Number (SSN) which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating. The information would become part of the Privacy Act System of records DOT/FAA 847, Aviation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT/FAA 847. Those routine uses are: (a) To provide basic airman certification and qualification information to the public upon request. (b) To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airman apprehension of drug-law violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Submission of your Social Security Number is voluntary. Disclosure of your SSN will facilitate maintenance of your records which are maintained in alphabetical order and cross references with your SSN and airman certificate number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

If an electronic form is not printed on a duplex printer, the applicant's name, date of birth, and certificate number (if applicable) must be furnished on the reverse side of the application. This information is required for identification purposes. The telephone number and E-mail address are optional.



U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application – Sport Pilot

I. Application Information

Student Sport Private Proficiency Check Additional Rating
 Airplane Gyroplane Balloon Airship Glider Powered Parachute Weight Shift Control
 Flight Instructor _____ Initial _____ Renewal _____ Reinstatement
 Reexamination Reissuance of _____ certificate Other _____

A. Name (Last, First, Middle) _____ B. SSN (US only) _____ C. Date of Birth _____ D. Place of Birth _____

E. Address _____ F. Citizenship (Citizenship) Specify _____ G. Do you read, speak, write & understand the English language? Yes No
 USA Other

City, State, Zip Code _____ H. Height _____ In. I. Weight _____ lbs. J. Hair _____ K. Eyes _____ L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate _____ O. Certificate Number _____ P. Date Issued _____

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate _____ S. Date Issued _____ T. Name of Examiner _____

U. Do you hold a US Driver's License? Yes No V. License Number _____ W. State of Issuance _____ X. Date Issued _____ Y. Expiration Date _____

Za. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances. Yes No Zb. Date of Final Conviction _____

If Certificate, Privilege or Rating Applied For on Basis of:

A. Completion of Required Test

| | | |
|--|--|-------------------------|
| 1. Aircraft to be used (if flight test required) | 2a. Total Time in this aircraft SIM/FTD | 2b. Pilot in Command |
| 1) _____ 2) _____ | 1) _____ 2) _____ SIM) _____ FTD) _____ hours | 1) _____ 2) _____ hours |

B. Graduate of Approved/Accepted Course

| | |
|--|--------------------------------|
| 1. Name and Location of Training Agency or Training Center _____ | 1a. Certification Number _____ |
| 2. Curriculum From Which Graduated _____ | 3. Date _____ |

C. Holder of Foreign License Issued By

| | | |
|------------------|---------------------------|-----------------|
| 1. Country _____ | 2. Grade of License _____ | 3. Number _____ |
| 4. Ratings _____ | | |

III. Record of Pilot Time (Do not write in the shaded areas)

| | Total | Instruction Received | Solo | Pilot In Command (PIC) | Cross Country Instruction Received | Cross Country Solo | Cross Country PIC | Instrument | Night Instruction Received | Night Takeoff Landings | Night PIC | Night Takeoff Landing PIC | Number of Flights | Number of Aero-Tows | Number of Ground Launches | Number of Powered Launches |
|------------------------------|-------|----------------------|------|------------------------|------------------------------------|--------------------|-------------------|------------|----------------------------|------------------------|-----------|---------------------------|-------------------|---------------------|---------------------------|----------------------------|
| Airplanes | | | | PIC | | | PIC | | | | PIC | PIC | | | | |
| | | | | SIC | | | SIC | | | | SIC | SIC | | | | |
| Rotor-craft (Gyroplane Only) | | | | PIC | | | PIC | | | | PIC | PIC | | | | |
| | | | | SIC | | | SIC | | | | SIC | SIC | | | | |
| Gliders | | | | | | | | | | | | | | | | |
| Lighter Than Air | | | | | | | | | | | | | | | | |
| Weightshift Control | | | | | | | | | | | | | | | | |
| Powered Parachute | | | | | | | | | | | | | | | | |

IV. Have you failed a test for this certificate, privilege or rating? Yes No

V. Applicant's Certification – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act Statement that accompanies this form.

Signature of Applicant _____ Date _____

| | | | |
|--|--|--|--|
| Instructor's Recommendation | | | |
| I have personally instructed the applicant and consider this person ready to take the test. | | | |
| Date | Instructor's Signature (Print name & Sign) | Certificate No. | Certificate Expires |
| Air Agency's Recommendation | | | |
| This applicant has successfully completed our _____ Course, and is recommended for certification, privilege or rating without further _____ test. | | | |
| Date | Agency Name and Number | Official's Signature | |
| | | Title | |
| Designated Examiner or Airman Certification Representative Report | | | |
| <input type="checkbox"/> Student Pilot Certificate Issued (Copy Attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate, privilege or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) </div> | | | |
| Location of Test (Facility, City, State) | | Duration of Test | |
| | | Ground | Simulator/FTD SIM) FTD) |
| | | | Flight 1) 2) |
| Certificate or Rating for which tested | Type(s) of Aircraft Used 1) 2) | Registration No(s) 1) 2) | |
| Date | Examiner's Signature (Print Name & Sign) | Certificate No. | Designation No. Designation Expires |
| Proficiency Check – Instructor's Record | | | |
| <input type="checkbox"/> I have successfully reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J{61.321} for the proficiency check sought. <input type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in _____ and _____ light-sport aircraft. Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | |
| Date | Instructor's Signature (Print Name & Sign) | Certificate No. | Expiration Date: |
| Aviation Safety Inspector or Technician Report | | | |
| I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached) Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | |
| Location of Test (Facility, City, State) | | Duration of Test | |
| | | Ground | Simulator/FTD SIM) FTD) |
| | | | Flight 1) 2) |
| Certificate or Rating for which tested | Type(s) of Aircraft Used 1) 2) | Registration No(s) 1) 2) | |
| <input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Foreign License <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Approved Course Graduate Instructor Renewal Based on <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities | | | |
| Training Course (FIRC) Name | | Graduation Certificate No. | Date |
| Date | Inspector's Signature (Print Name & Sign) | Certificate No. | FAA District Office |
| Attachments: | | | |
| <input type="checkbox"/> Airman's Identification (ID) ID: _____ | | | |
| <input type="checkbox"/> Student Pilot Certificate (Copy) | Form of ID _____ | Name: _____ | |
| <input type="checkbox"/> Knowledge Test Report | Number _____ | Date of Birth: _____ | |
| <input type="checkbox"/> Temporary Airman Certificate | Expiration Date _____ | Certificate Number: _____ | |
| <input type="checkbox"/> Notice of Disapproval | Telephone Number _____ | Email Address: _____ | |
| <input type="checkbox"/> Superseded Airman Certificate | | | |



U.S. Department of Transportation
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Airman Certificate and/or Rating Application – Sport Pilot

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle)
Social Security Number
Certificate Number
Date Issued

Permanent Mailing Address:

Street
P.O. Box
City, State, Zip Code

Address the applicant requests the certificate to be sent:

Street
P.O. Box
City, State, Zip Code

Physical Description as entered:

Comments:

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