U.S. Department
of Transportation
Federal Aviation
Administration

FAA Form 8710-1, 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, General Air Transportation 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.

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, General Air Transportation 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 airmen 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 airmen to Federal, state, and local law enforcement agencies when engaged in the investigation and apprehension of drug 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 a 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-referenced 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.

See Privacy Act Information above. Detach this part before submitting form.

Instructions for completing this form (FAA 8710-1) are on the reverse.

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.

Tear off this cover sheet before submitting this form.

AIRMAN CERTIFICATE AND/OR RATING APPLICATION
INSTRUCTIONS FOR COMPLETING FAA FORM 8710-1

I. APPLICATION INFORMATION. *Check appropriate blocks(s).*

Block A. Name. Enter legal name. Use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with 14 CFR Section 61.25. If you do not have a middle name, enter "NMN". If you have a middle initial only, indicate "Initial only." If you are a Jr., or a II, or III, so indicate. If you have an FAA certificate, the name on the application should be the same as the name on the certificate unless you have had it changed in accordance with 14 CFR Section 61.25.

Block B. Social Security Number. Optional: See supplemental Information Privacy Act. Do not leave blank: Use only **US Social Security Number**. Enter either "SSN" or the words "Do not Use" or "None." SSN's are not shown on certificates.

Block C. Date of Birth. Check for accuracy. Enter eight digits; Use numeric characters, i.e., 07-09-1925 instead of July 9, 1925. Check to see that DOB is the same as it is on the medical certificate.

Block D. 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 where you were born.

Block E. Permanent Mailing Address. Enter residence number and street, P.O. Box or rural route number in the top part of the block above the line. The City, State, and ZIP code go in the bottom part of the block below the line. Check for accuracy. Make sure the numbers are not transposed. FAA policy requires that you use your permanent mailing address. **Justification must be provided on a separate sheet of paper signed and submitted with the application when a PO Box or rural route number is used in place of your permanent physical address. A map or directions must be provided if a physical address is unavailable.**

Block F. Citizenship. Check USA if applicable. If not, enter the country where you are a citizen.

Block G. Do you read, speak, write and understand the English language? Check yes or no.

Block H. Height. Enter your height in inches. Example: 5'8" would be entered as 68 in. No fractions, use whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions, use whole pounds only.

Block J. Hair. Spell out the color of your hair. If bald, enter "Bald." Color should be listed as black, red, brown, blond, or gray. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block K. Eyes. Spell out the color of your eyes. The color should be listed as blue, brown, black, hazel, green, or gray.

Block L. Sex. Check male or female.

Block M. Do You Now Hold or Have You Ever Held An FAA Pilot Certificate? Check yes or no. (NOTE: A student pilot certificate is a "Pilot Certificate.")

Block N. Grade of Pilot Certificate. Enter the grade of pilot certificate (i.e., Student, Recreational, Private, Commercial, or ATP). Do NOT enter flight instructor certificate information.

Block O. Certificate Number. Enter the number as it appears on your pilot certificate.

Block P. Date Issued. Enter the date your pilot certificate was issued.

Block Q. Do You Now Hold A Medical Certificate? Check yes or no. If yes, complete Blocks R, S, and T.

Block R. Class of Certificate. Enter the class as shown on the medical certificate, i.e., 1st, 2nd, or 3rd class.

Block S. Date Issued. Enter the date your medical certificate was issued.

Block T. Name of Examiner. Enter the name as shown on medical certificate.

Block U. Narcotics, Drugs. Check appropriate block. Only check "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, check ."No".

Block V. Date of Final Conviction. If block "U" was checked "Yes" give the date of final conviction.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

Block A. Completion of Required Test.

1. AIRCRAFT TO BE USED. (If flight test required) – Enter the make and model of each aircraft used. If simulator or FTD, indicate.
2. TOTAL TIME IN THIS AIRCRAFT (Hrs.) – (a) Enter the total Flight Time in each make and model. (b) Pilot-In-Command Flight Time - In each make and model.

Block B. Military Competence Obtained In. Enter your branch of service, date rated as a military pilot, your rank, or grade and service number. In block 4a or 4b, enter the make and model of each military aircraft used to qualify (as appropriate).

Block C. Graduate of Approved Course.

1. NAME AND LOCATION OF TRAINING AGENCY/CENTER. As shown on the graduation certificate. Be sure the location is entered.
2. AGENCY SCHOOL/CENTER CERTIFICATION NUMBER. As shown on the graduation certificate. Indicate if 142 training center.
3. CURRICULUM FROM WHICH GRADUATED. As shown on the graduation certificate.
4. DATE. Date of graduation from indicated course. Approved course graduate must also complete Block "A" COMPLETION OF REQUIRED TEST.

Block D. Holder of Foreign License Issued By.

1. COUNTRY. Country which issued the license.
2. GRADE OF LICENSE. Grade of license issued, i.e., private, commercial, etc.
3. NUMBER. Number which appears on the license.
4. RATINGS. All ratings that appear on the license.

Block E. Completion of Air Carrier's Approved Training Program.

1. Name of Air Carrier.
2. Date program was completed.
3. Identify the Training Curriculum.

III. RECORD OF PILOT TIME. The minimum pilot experience required by the appropriate regulation must be entered. It is recommended, however, that ALL pilot time be entered. If decimal points are used, be sure they are legible. Night flying must be entered when required. You should fill in the blocks that apply and ignore the blocks that do not. Second In Command "SIC" time used may be entered in the appropriate blocks. Flight Simulator, Flight Training Device and PCATD time may be entered in the boxes provided. Total, Instruction received, and Instrument Time should be entered in the top, middle, or bottom of the boxes provided as appropriate.

IV. HAVE YOU FAILED A TEST FOR THIS CERTIFICATE OR RATING? Check appropriate block.

V. APPLICANT'S CERTIFICATION.

A. SIGNATURE. The way you normally sign your name.
B. DATE. The date you sign the application.

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No: 2120-0021

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Airman Certificate and/or Rating Application

I Application Information ☐ Student ☐ Recreational ☐ Private ☐ Commercial ☐ Airline Transport ☐ Instrument
☐ Additional Rating ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Rotorcraft ☐ Balloon ☐ Airship ☐ Glider ☐ Powered-Lift
☐ Flight Instructor ____ Initial ____ Renewal ____ Reinstatement ☐ Additional Instructor Rating ☐ Ground Instructor
☐ Medical Flight Test ☐ Reexamination ☐ Reissuance of _____ certificate ☐ Other _____

A. Name (Last, First, Middle)	B. SSN (US Only)	C. Date of Birth Month Day Year	D. Place of Birth

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

City, State, Zip Code	H. Height	I. Weight	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. 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	V. Date of Final Conviction

II. Certificate 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 hours	2b. Pilot in command hours
☐ B. Military Competence Obtained In	1. Service	2. Date Rated	3. Rank or Grade and Service Number
	4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft.	4b. US Military PIC & Instrument check in last 12 months (List Aircraft)	
☐ C. Graduate of Approved Course	1. Name and Location of Training Agency or Training Center		1a. Certification Number
	2. Curriculum From Which Graduated		3. Date
☐ D. Holder of Foreign License Issued By	1. Country	2. Grade of License	3. Number
	4. Ratings		
☐ E. Completion of Air Carrier's Approved Training Program	1. Name of Air Carrier	2. Date	3. Which Curriculum ☐ Initial ☐ Upgrade ☐ Transition

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 Take-off/ Landings	Night PIC	Night Take-Off/ 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				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Powered Lift				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Gliders																
Lighter Than Air																
Simulator																
Training Device																
PCATD																

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

V. Applicants'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

The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Officials Signature
		Title

Designated Examiner or Airman Certification Representative Report

- ☐ Student Pilot Certificate Issued (Copy attached)
- ☐ I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the certificate or rating sought.
- ☐ I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.
- ☐ I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
  - ☐ Approved -- Temporary Certificate Issued (Original Attached)
  - ☐ Disapproved -- Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD	Flight

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)

Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.	Designation Expires

Evaluator's Record (Use For ATP Certificate and/or Type Ratings)

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	☐	☐		
Approved Simulator/Training Device Check	☐	☐		
Aircraft Flight Check	☐	☐		
Advanced Qualification Program	☐	☐		

Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.

☐ Approved -- Temporary Certificate Issued (Original Attached) ☐ Disapproved -- Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD	Flight

Certificate or Rating for Which Tested	Type(s) of Aircraft Used	Registration No.(s)

- ☐ Student Pilot Certificate Issued
- ☐ Examiner's Recommendation
  - ☐ Accepted ☐ Rejected
- ☐ Reissue or Exchange of Pilot Certificate
- ☐ Special Medical test conducted -- report forwarded to Aeromedical Certification Branch, AAM-330

- ☐ Certificate or Rating Based on
  - ☐ Military Competence
  - ☐ Foreign License
  - ☐ Approved Course Graduate
  - ☐ Other Approved FAA Qualification Criteria

- ☐ Flight Instructor ☐ Ground Instructor
- ☐ Renewal
- ☐ Reinstatement

Instructor Renewal Based on

- ☐ Activity ☐ Training Course
- ☐ Test ☐ Duties and Responsibilities

Training Course (FIRC) Name	Graduation Certificate No.	Date

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office

Attachments:

- ☐ Student Pilot Certificate (Copy)
- ☐ Knowledge Test Report
- ☐ Temporary Airman Certificate
- ☐ Notice of Disapproval
- ☐ Superseded Airman Certificate

☐ Airman's Identification (ID)

Form of ID _____

Number _____

Expiration Date _____

Telephone Number _____

ID:

Name: _____

Date of Birth: _____

Certificate Number: _____

E-Mail Address _____