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OMB No:2120-0021
08/31/2019

TYPE OR PRINT ALL ENTRIES IN INK

U.S. Department of Transportation Federal Aviation Administration		Airman Certificate and/or Rating Application														
I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):																
Certificates Pilot: ☐ Student ☐ Recreational ☐ Flight ☐ Private ☒ Commercial ☐ Ground ☐ ATP-Restricted ☐ ATP Instructor: ☐ ASE ☒ AME ☒ Land ☐ Sea ☐ Helicopter ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Airship ☐ Powered-Lift ☐ Instrument ☐ Added Rating		Ratings Ground Instructor: ☐ Basic ☐ Advanced ☐ Instrument ☐ Other														
Other Information/Requests ☐ Initial ☐ Reexamination ☐ Instrument Proficiency Check ☐ Renewal ☐ Reissuance ☐ Medical Flight Test ☐ Reinstatement ☐ Flight Review ☐ Limitation Removal Specify other: ☐ IPL																
A. Name (Last, First, Middle) AH NEE, RAMSEY SAMSON KALANI		B. SSN (US Only) DO NOT USE		C. Date of Birth 1986												
D. Place of Birth (City and State) or (City and Country) HONOLULU HI USA																
E1. Residential Address (including City, State, Zip Code, and Country) MANCHESTER CT 06040		E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.)		F. Citizenship / Nationality ☒ USA ☐ Other												
G. Do you read, speak, write, & understand the English language? ☒ Yes ☐ No		H. Height (inches) [Redacted]		I. Weight (pounds) [Redacted]												
J. Hair Color [Redacted]		K. Eye Color [Redacted]		L. Sex ☒ Male ☐ Female												
M. Do you hold, or have you ever held an FAA pilot certificate? ☒ Yes ☐ No		M1. Grade of Certificate PRIVATE PILOT		M2. Certificate Number [Redacted]												
N. Do you hold, or have you ever held a Medical certificate? ☒ Yes - FAA ☐ Yes - Foreign ☐ Yes - Military ☐ No		N1. Class of Certificate FIRST CLASS MEDICAL		N2. Name of Medical Examiner ROBERT M DODENHOFF												
N3. Date Issued 3/5/2018																
O. Have you ever been convicted of violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form. ☐ Yes ☒ No		O1. Date of Final Conviction														
II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:																
☒ A. Completion of Test or Activity 1. Aircraft to be used (If flight test required) PA-34-200T		2. Total time in this aircraft and/or approved FFS or FTD (hours)		a. Flight Time 16.0												
b. As Pilot-in-Command																
☐ B. Competence or Experience 1. U.S. Military Service		2. Date Rated in U.S. Military		3. Rank or Grade												
☐ C. Graduate of an Approved Course 1. Training Agency or Training Center:		1a. Name		1b. Location (City and State)												
1c. Certification Number		1d. Part 142? ☐ Yes ☐ No		3. Date												
☐ D. Holder of Foreign License 1. Country that Issued the Foreign Pilot License		2. Grade of Foreign Pilot License		3. Foreign Pilot License Number												
4. Ratings Held on Foreign Pilot License (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.)																
☐ E. Air Carrier Training Program 1. Name of Air Carrier		2. Date Training Began		3. Accomplished Training Program ☐ Initial ☐ Upgrade ☐ Transition ☐ Recurrent												
III. RECORD OF PILOT TIME (Do not write in the shaded areas)																
	Total	Instruction Received	Solo	PIC and SIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off/Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Number of			
													Flights	Aero-Tows	Ground Launches	Powered Launches
Airplanes	256.00	30.00		PIC 176.00 SIC	12.00	120.00	PIC 120.00 SIC	45.00	11.00	11.00	PIC 7.00 SIC	PIC 11.00 SIC	Gliders			
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Lighter-than-air			
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Class Totals			
Gliders				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Airplanes	SEL SIC	MEL SIC	SES SIC
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Rotorcraft	Helicopter		Gyroplane
FFS													Lighter-than-air	Balloon		Airship
FTD													FFS	SE	ME	Helicopter
ATD													FTD			
													ATD			
IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate and/or rating for which you are applying? ☒ 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 received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.																
Signature of Applicant RAMSEY SAMSON KALANI AH NEE E-SIGN																
Date MM/DD/YYYY 05/17/2018 11:02:08 AM																

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A. Name (Last, First, Middle) AH NEE, RAMSEY SAMSON KALANI		B. SSN (US Only) DO NOT USE		C. Date of Birth [REDACTED] 1986													
E1. Residential Address (including City, State, Zip Code, and Country) [REDACTED] MANCHESTER CT 06040		E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.) [REDACTED]		F. Citizenship / Nationality ☒ USA ☐ Other													
		G. Do you read, speak, write, & understand the English language? ☒ Yes ☐ No		H. Height (inches) [REDACTED] I. Weight (pounds) [REDACTED] J. Hair Color [REDACTED] K. Eye Color [REDACTED] L. Sex ☒ Male ☐ Female													
M. Do you hold, or have you ever held an FAA pilot certificate? ☒ Yes ☐ No		M1. Grade of Certificate COMMERCIAL PILOT		M2. Certificate Number [REDACTED]													
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II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:																	
☒ A. Completion of Test or Activity 1. Aircraft to be used (If flight test required) PA-34-200T		2. Total time in this aircraft and/or approved FFS or FTD (hours) [REDACTED]		a. Flight Time 25.0 b. As Pilot-in-Command 25.0													
☐ B. Competence or Experience 1. U.S. Military Service		2. Date Rated in U.S. Military [REDACTED]		3. Rank or Grade [REDACTED]													
☐ C. Graduate of an Approved Course 1. Training Agency or Training Center: [REDACTED]		1a. Name [REDACTED]		1b. Location (City and State) [REDACTED]													
		1c. Certification Number [REDACTED]		1d. Part 142? ☐ Yes ☐ No													
		2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating) [REDACTED]															
☐ D. Holder of Foreign License 1. Country that Issued the Foreign Pilot License [REDACTED]		2. Grade of Foreign Pilot License [REDACTED]		3. Foreign Pilot License Number [REDACTED]													
		4. Ratings Held on Foreign Pilot License (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.) [REDACTED]															
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													Flights	Aero-Tows	Ground Launches	Powered Launches	
Airplanes	257.00	138.00	175.00	PIC 175.00 SIC	10.00	100.00	PIC 10.00 SIC	5.00	34.00	11.00	PIC 10.00 SIC	PIC 11.00 SIC	Gliders				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Lighter-than-air				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Class Totals				
Gliders				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Airplane	SEL 233.00 SIC	MEL 25.00 SIC	SES 1.00 SIC	MES SIC
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Rotorcraft	Helicopter		Gyroplane	
FFS													Lighter-than-air	Balloon		Airship	
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Signature of Applicant RAMSEY SAMSON KALANI AH NEE E-SIGN					Date MM/DD/YYYY 05/19/2018 07:13:52 AM												