

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		Ratings														
Pilot: ☐ Student ☐ Recreational ☐ Flight ☐ Private ☒ Commercial ☐ Ground ☐ ATP-Restricted ☐ ATP		Instructor: ☒ ASE ☐ AME ☒ Land ☐ Sea ☐ Helicopter ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Airship ☐ Powered-Lift ☐ Added Rating														
Instrument: ☐ Airplane ☐ Helicopter ☐ Powered-Lift		Ground Instructor: ☒ Initial ☐ Reexamination ☐ Instrument Proficiency Check ☐ Renewal ☐ Reissuance ☐ Medical Flight Test ☐ Reinstatement ☐ Flight Review ☐ Limitation Removal ☐ IPL														
A. Name (Last, First, Middle) FILIPPINI, BRIAN CARLOS		B. SSN (US Only) [REDACTED]														
C. Date of Birth [REDACTED]		D. Place of Birth (City and State) or (City and Country) YUBA CITY CA USA														
E1. Residential Address (Including City, State, Zip Code, and Country) PHILADELPHIA PA 19118		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) 69		I. Weight (pounds) 175														
J. Hair Color BROWN		K. Eye Color BROWN														
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														
N. Do you hold, or have you ever held a Medical certificate? ☒ Yes - FAA ☐ Yes - Foreign ☐ Yes - Military ☐ No		M2. Certificate Number [REDACTED]														
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		M3. Date Issued 4/13/2019														
N1. Class of Certificate THIRD CLASS MEDICAL		N2. Name of Medical Examiner SUBASH, REDDY, MD														
N3. Date Issued 4/3/2020		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) BE-35-C33														
2. Total time in this aircraft and/or approved FFS or FTD (hours)		a. Flight Time 623.4														
b. As Pilot-in-Command 623.4																
☐ B. Competence or Experience		1. U.S. Military Service														
2. Date Raied in U.S. Military		3. Rank or Grade														
☐ C. Graduate of an Approved Course		4. List Military aircraft for which you have:														
a. logged pilot time or provided flight instruction (IP) (make and model)		b. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)														
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	733.80	138.80	20.30	PIC 645.20 SIC	7.60	9.60	PIC 460.00 SIC	69.70	3.00	79.00	PIC 56.20 SIC	PIC 69.00 SIC	Glider			
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	MEL	SES
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Helicopter			
FFS				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Gyroplane			
FTD				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Lighter-than-air	Balloon		Airship
ATD				PIC SIC			PIC SIC				PIC SIC	PIC SIC	FFS	SE	ME	Helicopter
				PIC SIC			PIC SIC				PIC SIC	PIC SIC	FTD			
				PIC SIC			PIC SIC				PIC SIC	PIC SIC	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												Date MM/DD/YYYY				