

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		Other Information/Requests	
Pilot: ☐ Student ☐ Recreational ☒ Flight ☐ Private ☐ Commercial ☐ Ground ☐ ATP-Restricted ☐ ATP	Instructor: ☐ ASE ☒ AME ☐ Land ☐ Sea ☐ Helicopter ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Airship ☐ Powered-Lift Type Rating: ☒ Added Rating	Instrument: ☐ Airplane ☐ Basic ☐ Helicopter ☐ Advanced ☐ Powered-Lift ☐ Instrument	Ground Instructor: ☐ Initial ☐ Reexamination ☐ Instrument Proficiency Check ☐ Renewal ☐ Reissuance ☐ Medical Flight Test ☐ Reinstatement ☐ Flight Review ☐ Limitation Removal Specify other: ☐ IPL		
A. Name (Last, First, Middle) MCKELLAR, JR TIMOTHY ALLAN		B. SSN (US Only) DO NOT USE		C. Date of Birth	D. Place of Birth (City and State) or (City and Country)
E1. Residential Address (City, State, Zip, and Country) CUSTER KY 40115		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
M. Do you hold, or have you ever held an FAA pilot certificate? ☒ Yes ☐ No		M1. Grade of Certificate COMMERCIAL PILOT		M2. Certificate Number	M3. Date Issued
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	N3. Date Issued
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-44-180	2. Total time in this aircraft and/or approved FFS or FTD (hours)	a. Flight Time 23.6	b. As Pilot-in-Command 17.3
☐ B. U.S. Military 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	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)			
☐ D. Holder of Foreign License	1. Training Agency or Training Center: 1a. Name 1b. Location (City and State) 1c. Certification Number 1d. Part 142? ☐ Yes ☐ No 2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating) 3. Date			
☐ 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	275.10	210.60	11.90	PIC 173.60 SIC	73.80	5.30	PIC 71.90 SIC	3.50	13.60	32.00	PIC 13.60 SIC	PIC 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 156.30 SIC	MEL 17.30 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	59.80							37.90					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

TIMOTHY ALLAN MCKELLAR

Date

MM/DD/YYYY 05/12/2023 05:04:44 PM