

II. TEMPORARY AIRMAN CERTIFICATE

III. Certificate No.
PENDING

THIS CERTIFIES THAT

IV. CHAD ALLEN WILSON

V. 2156 SLIGAR RD

WICHITA FALLS TX 76310

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
██████	67 in	190 lbs	BROWN	BLUE	M	USA

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: STUDENT PILOT

Ratings and Limitations

CARRYING PASSENGERS IS PROHIBITED



XIII.

THIS IS ☒ AN ORIGINAL ISSUANCE ☐ A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE		
BY DIRECTION OF THE ADMINISTRATOR		EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG NO.
X. DATE OF ISSUANCE 12/15/2020 08:42:50 PM	X. SIGNATURE OF EXAMINER OR INSPECTOR MANAGER, AIRMEN CERTIFICATION BRANCH	
IACRA E-SIGNED APPLICATION		DATE DESIGNATION EXPIRES

FAA FORM 8060-4 (8-79) USE PREVIOUS EDITION

Application ID: 2663496

IACRA Equivalent

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void-

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

vii Airman's Signature

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ii. **TEMPORARY AIRMAN CERTIFICATE**

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v. 2156 SLIGAR RD
WICHITA FALLS TX 76310

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xii. : [LIMITATIONS]: CARRYING PASSENGERS IS PROHIBITED

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EXAMINER'S DESIGNATION NO. OR
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x. DATE OF ISSUANCE

12/15/2020 08:42:50 PM

xi. SIGNATURE OF EXAMINER OR INSPECTOR

MANAGER, AIRMEN CERTIFICATION BR
IACRA E-SIGNED APPLICATION

DATE DESIGNATION EXPIRES

vii. AIRMAN'S SIGNATURE

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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 ☐ Private ☐ ATP-Restricted ☐ ATP	Instructor: ☐ Flight ☐ Commercial ☐ Ground	Category and/or Class: ☐ ASE ☐ Helicopter ☐ Gyroplane ☐ Type Rating:	☐ AME ☐ Balloon ☐ Airship	☐ Land ☐ Sea ☐ Glider ☐ Powered-Lift	Instrument: ☐ Airplane ☐ Helicopter ☐ Powered-Lift ☐ Added Rating	Ground Instructor: ☐ Basic ☐ Advanced ☐ Instrument	☐ Initial ☐ Renewal ☐ Reinstatement	☐ Reexamination ☐ Reissuance ☐ Flight Review	☐ Instrument Proficiency Check ☐ Medical Flight Test ☐ Limitation Removal ☐ IPL
A. Name (Last, First, Middle) WILSON, CHAD ALLEN		B. SSN (US Only)		C. Date of Birth		D. Place of Birth (City and State) or (City and Country) AMARILLO TX USA			
E1. Residential Address (Including City, State, Zip Code, and Country)		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) 67	I. Weight (pounds) 190	J. Hair Color BROWN	K. Eye Color BLUE
L. Sex ☒ Male ☐ Female		M. Do you hold, or have you ever held an FAA pilot certificate? ☐ Yes ☒ No		M1. Grade of Certificate		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		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? <i>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.</i> ☐ 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)	2. Total time in this aircraft and/or approved FFS or FTD (hours)	a. Flight Time	b. As Pilot-in-Command
☐ 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)		
☐ E. Air Carrier Training Program	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.)			
	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				PIC SIC			PIC SIC				PIC 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 PIC SIC	MEL PIC SIC	SES PIC SIC	MES PIC 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

CHAD ALLEN WILSON E-SIGN

Date

MM/DD/YYYY 12/11/2020 07:22:17 PM

☒ Accepted Student Pilot Application - I have personally reviewed the applicant's information and verified this person meets the eligibility requirements and verified the applicant's identification.		Instructor Action		☐ Rejected Student Pilot Application	
☐ Flight Review ☐ Instrument Proficiency Check ☐ Recommendation - I have personally instructed the applicant and consider this person ready to take the test.					
Date 12/15/2020 08:42:50 PM		Authorized Flight Instructor's Signature (Print Name and Sign) JAMES RUSSELL MCELVAIN E-SIGN		Flight Instructor Certificate Number [REDACTED]	
Certificate Expiration Date 3/31/2021					
Air Agency's Recommendation					
The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further practical test.					
Date		Agency Name and Number		Official Signature	
Designated Examiner or Airman Certification Representative Report					
☐ Accepted - Student Pilot Application ☐ Rejected Student Pilot Application					
☐ I have personally reviewed this applicant's pilot logbook and/or training record, and I certify that the individual meets the applicable 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. (Original ATP CTP graduation certificate must be attached)					
☐ I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.					
☐ I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.					
☐ Approved - Temporary Certificate Issued (Original Attached) ☐ Disapproved - Disapproval Notice Issued (Original Attached)					
Location of Test (Name of Facility or Airport, City, State)				Duration of Test	
				Ground / Oral FFS / FTD Flight	
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)		Type(s) of Aircraft Used		Registration Number(s)	
Date		Examiner's Signature (Print Name & Sign)		Certificate Number Designation Number Designation Expires	
Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))					
	Inspector	Examiner	Signature and Certificate Number	Date	
Ground / Oral	☐	☐	_____		
Approved FFS/FTD Check	☐	☐	_____		
Aircraft Flight Check	☐	☐	_____		
Advanced Qualification Program	☐	☐	_____		
Aviation Safety Inspector or Technician Report					
☐ Accepted - Student Pilot Application ☐ Rejected - Student Pilot Application					
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. (The approved box need only checked if the Inspector is the one that issued the temporary airman certificate)					
☐ I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.					
☐ Approved - Temporary Certificate Issued (Original Attached) ☐ Disapproved - Disapproval Notice Issued (Original Attached)					
Location of Test (Name of Facility or Airport, City, State)				Duration of Practical Test	
				Ground / Oral FFS / FTD Flight	
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)		Type(s) of Aircraft Used		Registration No.(s)	
Certification Activities:					
☐ Examiner's Recommendation Provided/Reviewed ☐ Accepted ☐ Rejected		☐ Ground Instructor Certificate Issued ☐ Basic ☐ Advanced ☐ Instrument		☐ Flight Instructor Certificate Issued ☐ Initial ☐ Renewal ☐ Reinstatement Instructor Renewal Based On: ☐ Activity ☐ Training Course ☐ Test ☐ Duties and Responsibilities ☐ Military Instructor Proficiency Check	
☒ Application for a Student Pilot Certificate Accepted ☐ Reissue or exchange of pilot, CFI, or G.I. certificate ☐ Change of name, nationality, gender or date of birth ☐ SIC Type Rating issued under § 61.55(b) (Part 91)		Certificate or Rating Based on: ☐ Approved FAA Qualification ☐ Military Competency Criteria Not Identified on Page 1 ☐ Foreign License ☐ Special medical test conducted - report forwarded to issuing medical office or AAM-300 ☐ Special Test-Reexamination (44709) conducted ☐ Approved ☐ Disapproved			
Training Course (FIRC) Name				Graduation Certificate Number Date of FIRC Graduation Certificate	
Date		Inspector's Signature (Print Name & Sign)		Certificate Number FAA Office (e.g. SO-15, WP-10) SW13	
Attachments: ☐ Certifying Statement ☐ College Transcript (Official) ☐ ATP CTP Graduation Certificate ☐ Knowledge Test Report ☒ Temporary Airman Certificate ☐ Notice of Disapproval ☐ Superseded Airman Certificate		Airman's Identification (ID) (US driver's license or passport recommended) Form of ID PASSPORT USA ID Number (If issued by State, include State) [REDACTED] Expiration Date (must be valid) 2/28/2022 Telephone Number [REDACTED]		Applicant Information (required if printed on 2 pages) Name WILSON, CHAD ALLEN Date of Birth 2/8/1980 Certificate Number [REDACTED] E-Mail Address [REDACTED]	
		☒ Meets Aviation English Language Standard ☐ Does Not Meet Aviation English Language Standard ☐ Referred to FSDO for Aviation English Language Standard Determination		Remarks:	



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) WILSON, CHAD ALLEN
Social Security Number [REDACTED]
Certificate Number PENDING
Date Issued

Residential Address:

Mailing Address:

Applicant requests the certificate be
SPECIAL MAILED to:



Map or Directions to Physical Residential Address:

Comments:

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**ACKNOWLEDGMENT OF RECEIPT OF
PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION**

I acknowledge that I received the Pilot's Bill of Rights Written Notification of Investigation at the time of this application.

CHAD ALLEN WILSON
Print Name of Applicant

PENDING
Certificate Number

Date of Birth

Student Pilot
Purpose of Application

CHAD ALLEN WILSON E-SIGN
Signature of Applicant
(Applicant is not required to sign)

DATE 12/11/2020 7:21:50 PM
MM/DD/YYYY

Print Name of Designee

Designee's Airman
Certificate Number

Signature of Designee

DATE _____
MM/DD/YYYY

(Designee's signature signifies the applicant received a written copy of the Pilot's Bill of Rights Notification)

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