

TYPE OR PRINT ALL ENTRIES IN INK

Certificates		Ratings		Other Information/Requests												
Pilot: ☐ Student ☐ Private ☐ ATP-Restricted ☐ ATP	Instructor: ☒ Flight ☐ Ground	Category and/or Class: ☒ ASE ☐ Helicopter ☐ Gyroplane ☐ Airship Type Rating:	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 Specify other: ☐ IPL											
A. Name (Last, First, Middle) [REDACTED]		B. SSN (US Only) [REDACTED]		C. Date of Birth [REDACTED]												
D. Place of Birth (City and State) or (City and Country) [REDACTED]		E1. Residential Address (Including City, State, Zip Code, and Country) [REDACTED] PACE FL 32571		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) 70												
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 AIRLINE TRANSPORT PILOT												
M2. Certificate Number [REDACTED]		M3. Date Issued 7/16/2016		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 [REDACTED]		N3. Date Issued 8/23/2018												
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 [REDACTED]														
II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:																
☐ A. Completion of Test or Activity																
1. Aircraft to be used (if flight test required) [REDACTED]																
2. Total time in this aircraft and/or approved FFS or FTD (hours) [REDACTED]																
a. Flight Time [REDACTED]																
b. As Pilot-in-Command [REDACTED]																
☒ B. Competence or Experience																
1. U.S. Military Service USAF																
2. Date Rated in U.S. Military [REDACTED]																
3. Rank or Grade [REDACTED]																
4. I list Military aircraft for which you have: model T-6B, C-17A																
a. Logged pilot time or provided flight instruction (IP) (make and model) T-6B, C-17A																
h. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model) T-6B, C-17A																
☐ 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]																
3. Date [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]																
☐ E. Air Carrier Training Program																
1. Name of Air Carrier [REDACTED]																
2. Date Training Began [REDACTED]																
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			
Airplanes	3889.00	229.00	41.00	PIC 2094.00 SIC 1178.00	111.00		PIC 1297.00 SIC 1076.00	123.00	29.00	175.00	PIC 192.00 SIC 311.00	PIC 158.00 SIC 17.00	Giders			
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Giders				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC				
FFS	28.00															
FTD																
ATD																
Class Totals																
SEL MEL SES MES																
Airplane PIC 1456.00 SIC 638.00 PIC SIC PIC SIC																
Rotorcraft Helicopter Gyroplane																
Lighter-than-Air Balloon Airship																
FFS SE ME Helicopter																
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 [REDACTED]																
E-SIGN																
Date 10/12/2018 12:06:40 PM																