



AIRMAN CERTIFICATE AND/OR RATING APPLICATION

- MECHANIC, AIRFRAME, POWERPLANT, REPAIRMAN, PARACHUTE RIGGER, SENIOR, MASTER, SEAT, CHEST, BACK, LAP

APPLICATION FOR: ORIGINAL ISSUANCE ADDED RATING (Specify Rating)

I. APPLICANT INFORMATION

Form section I containing fields A through N for personal information, including name, address, social security, DOB, height, weight, hair, eyes, sex, nationality, place of birth, and certification history.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF -

Form section II containing fields A through F for certification basis, including military experience, graduate of approved course, student progress, and special authorization.

III. RECORD OF EXPERIENCE

Form section III containing fields A through C for military competence, other FAA certificated school graduates, and parachute rigger applicants.

IV. APPLICANT'S CERTIFICATION

Certification fields including signature and date.

Inspector's signature and date fields.

FOR FAA USE ONLY

Table with columns for Emp., reg., D.O., seal, con, iss., Act, lev, TR, s.h., Src, #rte, Rating (1), Rating (2), Rating (3), Rating (4), and LIMITATIONS.

Results of Oral and Practical Tests

MECHANIC									
I. GENERAL - Airframe and powerplant									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
II. AIRFRAME STRUCTURES									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
III. AIRFRAME SYSTEMS AND COMPONENTS									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
IV. POWERPLANT THEORY AND MAINTENANCE									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									
V. POWERPLANT SYSTEMS AND COMPONENTS									
ORAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
QUES. NO.									
PRACTICAL TEST		PASS <input type="checkbox"/>		EXPIRATION DATE:		FAIL <input type="checkbox"/>			
PROJ. NO.									

PARACHUTE RIGGER			
TYPE	SEAT	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	BACK	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	CHEST	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	LAP	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
		PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>

REMARKS

DESIGNATED EXAMINER'S REPORT

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I HAVE INDICATED THE RESULT AS:

<input type="checkbox"/> APPROVED (Temporary Certificate Issued)	<input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued)
<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> FAR 65.80 - ORAL/PRACTICAL PASSED

ATTACHMENTS:

<input type="checkbox"/> REPORT OF WRITTEN TEST	<input type="checkbox"/> SUPERSEDED CERTIFICATE	<input type="checkbox"/> LETTER
<input type="checkbox"/> FAA FORM 8610-2	<input type="checkbox"/> TEMPORARY CERTIFICATE	<input type="checkbox"/> SEAL SYMBOL CARD

DATE TEST COMPLETED	EXAMINER'S SIGNATURE	DESIGNATION NO.
---------------------	----------------------	-----------------

APPLICANT'S CERTIFICATION

THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE (FAA FORM 8060-4)

A. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? NO Yes If "Yes," explain on an attached sheet.

B. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATES STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? NO YES → DATE OF FINAL CONVICTION

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.

A. SIGNATURE _____ **B. DATE** _____

FAA INSPECTOR'S REPORT

I HAVE -	WITH THE INDICATED RESULT -	PARACHUTE SEAL SYMBOL ASSIGNED _____
<input type="checkbox"/> EXAMINED THIS APPLICANT'S PAPERS.	<input type="checkbox"/> APPROVED	<input type="checkbox"/> ANSWER SHEET GRADED (Military Competency)
<input type="checkbox"/> PERSONALLY TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.	<input type="checkbox"/> DISAPPROVED	

DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE
------	-----------------------	---------------------