



U.S. Department of Transportation  
Federal Aviation Administration

## Airman Certificate and/or Rating Application - Sport Pilot

I Application Information

Student     Sport     Private     Proficiency Check     Additional Rating  
 Airplane     Gyroplane     Balloon     Airship     Glider     Powered Parachute     Weight Shift Control  
 Flight Instructor    \_\_\_\_\_ Initial    \_\_\_\_\_ Renewal    \_\_\_\_\_ Reinstatement  
 Reexamination     Reissuance of \_\_\_\_\_ certificate     Other \_\_\_\_\_

A. Name (Last, First Middle) \_\_\_\_\_ B. SSN (US only) \_\_\_\_\_ C. Date of Birth \_\_\_\_\_ D. Place of Birth \_\_\_\_\_

E. Address \_\_\_\_\_ F. Citizenship (Citizenship) Specify \_\_\_\_\_ G. Do you read, speak, write, & understand the English language?  Yes  No

USA     Other

City, State, Zip, Code \_\_\_\_\_ H. Height \_\_\_\_\_ In. I. Weight \_\_\_\_\_ lbs. J. Hair \_\_\_\_\_ K. Eyes \_\_\_\_\_ L. Sex  Male  Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate?  Yes  No

N. Grade Pilot Certificate \_\_\_\_\_ O. Certificate Number \_\_\_\_\_ P. Date Issued \_\_\_\_\_

Q. Do you hold a Medical Certificate?  Yes  No

R. Class of Certificate \_\_\_\_\_ S. Date Issued \_\_\_\_\_ T. Name of Examiner \_\_\_\_\_

U. Do you hold a US Driver's License?  Yes  No

V. License Number \_\_\_\_\_ W. State of Issuance \_\_\_\_\_ X. Date Issued \_\_\_\_\_ Y. Expiration Date \_\_\_\_\_

Za. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances?  Yes  No

Zb. Date of Final Conviction \_\_\_\_\_

II Certificate, Privilege or Rating Applied For on Basis of:

A. Completion of Required Test

1. Aircraft to be used (if flight test required)

1) \_\_\_\_\_ 2) \_\_\_\_\_

2a. Total Time in this aircraft SIM/FTD

1) \_\_\_\_\_ 2) \_\_\_\_\_

SIM) \_\_\_\_\_ FTD) \_\_\_\_\_ hours

2b. Pilot in Command

1) \_\_\_\_\_ 2) \_\_\_\_\_ hours

B. Graduate of Approved / Accepted Course

1. Name and Location of Training Agency or Training Center \_\_\_\_\_

1a. Certification Number \_\_\_\_\_

2. Curriculum From Which Graduated \_\_\_\_\_

3. Date \_\_\_\_\_

C. Holder of Foreign License Issued By

1. Country \_\_\_\_\_ 2. Grade of License \_\_\_\_\_ 3. Number \_\_\_\_\_

4. Ratings \_\_\_\_\_

III Record of Pilot Time (Do not write in the shaded areas)

	Total	Instruction Received	Solo	Pilot In Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft (Gyroplane Only)				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Gliders																
Lighter Than Air																
Weight-Shift Control																
Powered Parachute																

IV Have you failed a test for this certificate, privilege or rating?  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 also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>Instructor's Recommendation</b>			
I have personally instructed the applicant and consider this person ready to take the test.			
Date	Instructor's Signature (Print Name & Sign)	Certificate No:	Certificate Expires
<b>Air Agency's Recommendation</b>			
This applicant has successfully completed our _____ Course, and is recommended for certification, privilege or rating without further _____ test.			
Date	Agency Name and Number	Official's Signature	
		Title	
<b>Designated Examiner or Airman Certification Representative Report</b>			
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR part 61 for the pilot certificate, privilege or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached)  <input type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached) </div>			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for Which Tested	Type(s) of Aircraft Used 1)                      2)	Registration No.(s) 1)                      2)	
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.      Designation Expires
<b>Proficiency Check - Instructors Record</b>			
<input type="checkbox"/> I have personally reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J {61.321} for the proficiency check sought. <input type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in _____ and _____ light-sport aircraft. Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Date	Instructor's Signature (Print Name & Sign)	Certificate No.	Exp. Date:
<b>Aviation Safety Inspector or Technician Report</b>			
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.			
<input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved -- Disapproval Notice issued (Original Attached) Proficiency Check: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD SIM) FTD)
			Flight 1) 2)
Certificate or Rating for Which Tested	Type(s) of Aircraft 1)                      2)	Registration No. 1)                      2)	
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Foreign License <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Approved Course Graduate                      Instructor Renewal Based on <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Other Approved FAA Qualification Criteria <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities			
Training Course (FIRC) Name		Graduation Certificate No.	Date
Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office
<b>Attachments:</b>			
<input type="checkbox"/> Student Pilot Certificate (copy)			
<input type="checkbox"/> Knowledge Test Report			
<input type="checkbox"/> Temporary Airman Certificate			
<input type="checkbox"/> Notice of Disapproval			
<input type="checkbox"/> Superseded Airman Certificate			
<input type="checkbox"/> Airman's Identification (ID)                      ID: _____			
Name: _____			
Form of ID                      _____			
Number                      _____			
Date of Birth: _____			
Expiration Date                      _____			
Certificate Number: _____			
Telephone Number                      _____			
Email Address: _____			



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### ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle)  
Social Security Number  
Certificate Number  
Date Issued

***Permanent Mailing Address:***

Street  
P.O. Box  
City, State, Zip Code

***Address the applicant requests the certificate to be sent:***

Street  
P.O. Box  
City, State, Zip Code

***Physical Description as entered:***

***Comments:***

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