

Figure 6-1. Instructions for Completing FAA Form 8610-2, Airman Certificate and/or Rating Application

1. Procedures for Completing FAA Form 8610-2. This figure explains the procedures to be followed when applicants, designees, and inspectors complete FAA Form 8610-2.

a. FAA Form 8610-2. The designee or inspector must provide FAA Form 8610-2 to the applicant.

b. Two Originals. The applicant must complete two originals of FAA Form 8610-2 before testing begins.

c. Detailed Instructions. The designee or inspector must give detailed instruction(s) for correctly completing FAA Form 8610-2.

Note: The inspector or designee must copy Figure 6-1 and provide it to the applicant until FAA Form 8610-2 is revised with written instructions attached.

d. Use Permanent Dark Ink or Use a Typewriter. For hard copy submissions, all entries must be made with permanent dark ink or typewritten. An electronic version of FAA Form 8610-2 can be found at www.faa.gov.

Note: When a correction is made, line through the error and initial the mistake. Provide a reason for the correction in the “REMARKS” block. Do not use correction fluid (white out) or correction tape.

e. Signatures. All signatures must be original, in dark ink, with name printed in dark ink or typewritten below or beside the signature.

f. Dates. Unless otherwise specified, all dates must be entered using eight-digit numeric characters (e.g., 05/05/2018) (month/day/year). (The dates must not be entered as May 5, 2018 or 05/05/18.)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a: The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 6.5. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

(a) Providing basic airman certification and qualification information to the public upon request; examples of basic information include:

- The type of certificates and ratings held, limitations, date of issuance and certificate number;
- The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical
- Information relating to an individual's eligibility for medical certification, requests for exemption from medical requirements, and requests for review of certificate denials.

(b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.

(c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

(d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.

(e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.

(f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection pursuant to 31 U.S.C. 3711(g).

(g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.

(h) Making airman records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.

(i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.

(j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.

(k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airman medical certification.

(l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.

(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78) For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.

2. Privacy Act Statement. The designee or inspector must advise the applicant to read the "Privacy Act Statement" on FAA Form 8610-2. The Privacy Act Statement must be removed before FAA Form 8610-2 is used. (See box above.) On 2-page electronic applications not printed on a duplex printer, ensure that the applicant's full name and date of birth (DOB) are annotated on the second page, either in the "Remarks" section or in the top border of FAA Form 8610-2. This information is required for identification purposes.

| | | |
|---|---|--|
| TYPE OR PRINT ALL ENTRIES IN INK | | Form Approved OMB. No. 2120-0022 8/31/2014 |
| U.S. Department of Transportation Federal Aviation Administration | | |
| AIRMAN CERTIFICATE AND/OR RATING APPLICATION | | |
| <input type="checkbox"/> REPAIRMAN <input type="checkbox"/> MECHANIC <input type="checkbox"/> AIRFRAME <input type="checkbox"/> POWERPLANT | <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> (Specify Rating) | <input type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> SENIOR <input type="checkbox"/> MASTER <input type="checkbox"/> SEAT <input type="checkbox"/> CHEST <input type="checkbox"/> BACK <input type="checkbox"/> LAP |
| APPLICATION FOR: <input type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING | | |

3. Complete the Top Section. The applicant must complete the top section of FAA Form 8610-2. (See box above.)

a. "MECHANIC" and "PARACHUTE RIGGER" Boxes. The applicant must check the appropriate box.

b. Ratings Box(es). The applicant must check the appropriate box(es) for the rating(s) sought (e.g., Airframe and/or Powerplant or Senior, Master, Seat, Back, Chest, and/or Lap).

c. Check Original Issuance or Added Rating Box. The applicant must check either the "ORIGINAL ISSUANCE" or the "ADDED RATING" box. The "ADDED RATING" box will

only be checked when the applicant has an airman certificate and is actually adding a rating to that certificate.

Note: Line through the rating(s) not applied for unless it is currently held by the applicant. (For examples, see Figures 6-2 and 6-18.)

| | | | | | | |
|--|---|---------|-------------------------|------------------------------|------------------------------|--|
| I. APPLICANT INFORMATION | A. NAME (First, Middle, Last) | | | | K. PERMANENT MAILING ADDRESS | |
| | B. SOCIAL SECURITY NO. | | C. DOB (Mo., Day., Yr.) | D. HEIGHT | E. WEIGHT | NUMBER AND STREET, P.O. BOX, ETC. |
| | F. HAIR | G. EYES | H. SEX | I. NATIONALITY (Citizenship) | | CITY |
| | J. PLACE OF BIRTH | | | | | STATE |
| | L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? | | | | | M. DO YOU NOW OR HAVE YOU EVER HELD AN FAA AIRMAN CERTIFICATE? |
| | <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," explain on an attached sheet keying to appropriate item number). | | | | | <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY TYPE: _____ |
| N. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, AND DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? | | | | | | DATE OF FINAL CONVICTION |
| | | | | | | <input type="checkbox"/> NO <input type="checkbox"/> YES _____ |

4. Block I—Applicant Information. The designee or inspector must urge the applicant to read the fine print. (See box above.)

a. Item A—Name (First, Middle, Last).

(1) The applicant must enter his or her legal name. The applicant's name must not be changed on the subsequent FAA Form 8610-2 unless it is done in accordance with Title 14 of the Code of Federal Regulations (14 CFR) part 65, § 65.16. If the applicant's name exceeds the number of characters allowed (50, including the suffix and spaces), provide the determined abbreviated name in the "REMARKS" section.

(2) If the applicant has no middle name, the applicant must enter "NMI" (no middle initial) or "NMN" (no middle name).

(3) If the applicant has initial(s) only, the applicant must enter those initials and then enter "INITIAL ONLY."

(4) If the applicant is a junior, III, IV, etc., the applicant will so indicate.

Note: If the applicant already has an FAA airman certificate, the name on FAA Form 8610-2 must be the same as the name on the FAA airman certificate unless it is changed in accordance with § 65.16.

b. Item B—Social Security No.

(1) Disclosure of the Social Security Number (SSN) is optional (see "Privacy Act Statement"). However, item B cannot be left blank. It is highly recommended that the SSN not be used on the application.

(2) The applicant must either enter his or her SSN or enter one of the following notations: "DO NOT USE." or "NONE."

c. Item C—DOB (Mo., Day, Yr.).

(1) The applicant must enter dates using eight-digit numeric characters (e.g., 07/09/1965) (month/day/year). (The dates must not be entered as July 9, 1965 or 07/09/65.)

(2) The designee or inspector must verify the DOB. The DOB is a problem area.

(3) If the applicant has other FAA certificate(s), the designee or inspector must verify that the “DOB” is the same as that entered on FAA Form 8610-2.

d. Item D—Height.

(1) The applicant must enter his or her height in inches. (Example: If the applicant were 5’ 9”, the applicant would enter “69.”)

(2) The applicant will use whole inches only. (Use no fractions.)

e. Item E—Weight.

(1) The applicant must enter his or her weight in pounds.

(2) The applicant will use whole pounds only. (Use no fractions.)

f. Item F—Hair.

(1) The applicant must spell out the color of his or her hair or use an abbreviation that cannot be confused with another color.

(2) Acceptable hair colors are brown, black, blond, gray, white, and red.

(3) If the applicant is bald, enter “BALD.”

(4) If the applicant is wearing a wig or toupée, enter the color of hair under the wig or toupee.

g. Item G—Eyes.

(1) The applicant must spell out the color of his or her eyes or use an abbreviation that cannot be confused with another color.

(2) Acceptable eye colors are brown, black, blue, hazel, gray, and green.

h. Item H—Sex.

(1) If the applicant is a male, he will enter “M.”

(2) If the applicant is a female, she will enter “F.”

i. Item I—Nationality (Citizenship).

(1) The applicant must enter the country in which he or she maintains citizenship. Applicants other than United States citizens will be required to provide proof of nationality (e.g., a current passport) to the FAA.

(2) Dual citizenship will be accepted. Because of limited space on the permanent certificate, only show one citizenship reference under “NATIONALITY.” Annotate dual citizenship in the “REMARKS” area. (e.g., Citizenship: U.S.A./Canada.) The other will be shown as a limitation on the certificate (e.g., dual citizenship includes Canada). Applicants will be required to show proof of dual citizenship to the FAA.

j. Item J—Place of Birth.

(1) If the applicant was born in the United States, the applicant must enter the city and state.

(2) If the city is unknown, enter the county and state.

(3) If the applicant was born outside of the United States, the applicant must enter the name of the city and country, or province and country.

k. Item K—Permanent Mailing Address.

(1) Number and Street, P.O. Box, Etc.—The applicant must enter this information above the first dotted line. This information must not exceed 33 characters, including spaces.

(2) City—The applicant must enter this information above the second dotted line. The city name must not exceed 17 characters, including spaces. When necessary, the applicant must abbreviate the address (not to exceed 17 characters, including spaces).

(3) State—The applicant must enter this information above the third dotted line.

(4) ZIP Code—The applicant must enter this information above the third dotted line.

Note: A post office box, rural route, Aviation Maintenance Technician School (AMTS) address, personal mailbox, commercial, or other mail drop can be used as the applicant’s preferred mailing; however, the applicant must also furnish a physical residential address, a map or written directions to the applicant’s physical address, 911 address, or Global Positioning System (GPS) coordinates. This information must be included with the application. In special cases where the applicant resides on a boat, the name of the boat and the dock number should be included. If the applicant resides in a recreational vehicle (RV), the tag number, vehicle identification number (VIN), and registration number should be included.

l. Item L—Have You Ever Had an Airman Certificate Suspended or Revoked?

(1) The applicant must check either the “YES” box or the “NO” box. (A Student Pilot Certificate is a pilot certificate.)

(2) If the “YES” box is checked, refer to §§ 65.11(c) and (d)(2), and 65.12.

(3) If the designee or applicant does not understand the requirements of part 65 as it applies to a particular situation, contact the managing FAA office for clarification and assistance.

m. Item M—Do You Now or Have You Ever Held an FAA Airman Certificate?

(1) The applicant must check either the “YES” box or the “NO” box.

(2) If the applicant checks the “YES” box, the applicant must make an entry by the “SPECIFY TYPE” area.

(3) The types of certificates that must be entered in the “SPECIFY TYPE” area are: pilot, mechanic, repairman, etc. (A Student Pilot Certificate is a pilot certificate.)

Note: An Inspection Authorization (IA), Designated Mechanic Examiner (DME), Designated Parachute Rigger Examiner (DPRE), etc., are not FAA certificates.

n. Item N—Have You Ever Been Convicted for Violation of Any Federal or State Statutes Pertaining to Narcotic Drugs, Marijuana, and Depressant or Stimulant Drugs or Substances?

(1) The applicant must check either the “YES” box or the “NO” box.

(2) If the applicant checks the “YES” box, the applicant must make an entry by the “DATE OF FINAL CONVICTION” area. (Refer to § 65.12.)

(3) If the DME or applicant does not understand the requirements of part 65 as it applies to a particular situation, contact the managing FAA office or International Field Office (IFO) for clarification and assistance.

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|---|--|------------------------|--|-----|---|----------|
| II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF - | <input type="checkbox"/> A. CIVIL EXPERIENCE | | <input type="checkbox"/> B. MILITARY EXPERIENCE | | <input type="checkbox"/> C. LETTER OF RECOMMENDATION FOR REPAIRMAN (Attach copy) | |
| | (1) NAME AND LOCATION OF SCHOOL | | | | | |
| | <input type="checkbox"/> D. GRADUATE OF APPROVED COURSE | (2) SCHOOL NO. | (3) CURRICULUM FROM WHICH GRADUATED | | | (4) DATE |
| | <input type="checkbox"/> E. STUDENT HAS MADE SATISFACTORY PROGRESS AND IS RECOMMENDED TO TAKE THE ORAL/PRACTICAL TEST (FAR 65.80) | (1) SCHOOL NAME | | NO. | (2) SCHOOL OFFICIAL'S SIGNATURE | |
| <input type="checkbox"/> F. SPECIAL AUTHORIZATION TO TAKE MECHANIC'S ORAL/PRACTICAL TEST (FAR 65.80) | (1) DATE AUTH. | (2) DATE AUTH. EXPIRES | (3) FAA INSPECTOR SIGNATURE | | (4) FAA DIST OFC. | |

5. Block II—Certificate or Rating Applied for on Basis of -. (See box above.)

a. Graduate of AMTS. When the applicant is a graduate of an approved AMTS, the applicant must complete block II as follows:

(1) Item D—Graduate of Approved Course. The applicant will check item D, if he or she is a graduate of an AMTS.

(2) Item D(1)—Name and Location of School. The applicant will enter the name and location of the AMTS, as shown on the graduation certificate.

(3) Item D(2)—School No. The applicant will enter the AMTS certificate number.

(4) Item D(3)—Curriculum From Which Graduated. The applicant will enter the approved curriculum from which he or she graduated, as shown on the graduation certificate.

Note: To accommodate those students attending an AMTS having separate curriculums who choose to complete the airframe curriculum and the powerplant curriculum before testing. Example: The student completes the airframe curriculum on 01/15/2002, completes the powerplant curriculum on 10/15/2002, and requests to be tested on 10/20/2002. Item D(3) of FAA Form 8610-2 shows, curriculum completed as “AIRFRAME,” “POWERPLANT.” The inspector or DME will attach a copy of all certificates of completion, or make a statement in the “REMARKS” area indicating the date of completion for all certificates.

(5) Item D(4)—Date. The applicant will enter the date of graduation or the date on the certificate of completion.

Note: If copies of applicant’s certificates are attached, enter “SEE ATTACHED” in item D(4). If dates of completion/graduation are used in the “REMARKS” area, enter “SEE REMARKS” in item D(4).

b. Authorization to Take the Oral and Practical Tests. When the applicant wishes to receive authorization to take the oral and practical tests before taking the computerized airman knowledge test, the following items must be completed:

(1) Item D—Graduate of Approved Course. The applicant must not check item D. (The applicant has not graduated from an AMTS.)

(2) Item D(1)—Name and Location of School. The applicant must enter the name and location of the AMTS.

(3) Item D(2)—School No. The applicant will enter the AMTS certificate number.

(4) Item D(3)—Curriculum From Which Graduated. The applicant must enter the approved curriculum from which he or she will graduate.

(5) Item D(4)—Date. The applicant must enter the date he or she will graduate or when the certificate of completion will be issued. The applicant must enter dates using eight-digit numeric characters (e.g., 05/05/2018) (month/day/year). (The dates must not be entered as May 5, 2018 or 05/05/18.)

(6) Item E—Student Has Made Satisfactory Progress and is Recommended to Take the Oral/Practical Test (§ 65.80). An authorized AMTS official must indicate that the student meets the requirements of § 65.80 by checking item E.

(7) Item E(1)—School Name and No. An authorized AMTS official will enter the AMTS's name and number.

(8) Item E(2)—School Official's Signature. The authorizing AMTS official must enter his or her signature above or beside his or her typed or printed name.

(9) Item F—Special Authorization to Take the Mechanic's Oral/Practical Test (§ 65.80). After an inspector has reviewed the AMTS record and documents of the applicant and is satisfied that the applicant meets the requirements of § 65.80, item F will be checked.

(10) Item F(1)—Date Auth. The inspector must enter the date of the authorization.

(11) Item F(2)—Date Auth Expires. The inspector must enter the date the authorization will expire. The date in item F(2) must never be subsequent to the date appearing in item D(4). The provision of § 65.80 does not apply after the student graduates.

(12) Item F(3)—FAA Inspector Signature. The inspector must enter his or her signature above or beside his or her typed or printed name.

(13) Item F(4)—FAA Dist Office. The inspector must enter his or her managing FAA office identification (e.g., EA05, NM04).

Note: DMEs must not administer the mechanic oral and practical tests before the applicant has passed the appropriate mechanic written test, unless items D, E, and F are completed.

c. When the Applicant is Applying on the Basis of Experience.

(1) Item A—Civil Experience. If practical experience was gained in civil activity, the applicant will check item A.

(2) Item B—Military Experience. If practical experience was gained in military activity, the applicant will check item B.

Note: If practical experience was gained in both civil activity and military activity, the applicant will check item A and item B.

(3) Item C—Letter of Recommendation for Repairman (Attach copy). An applicant must never check item C.

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|--|---|------|-----------------------|------|-----------------------|------------------------|--|--|--|
| III. RECORD OF EXPERIENCE | A. MILITARY COMPETENCE OBTAINED IN → | | (1) SERVICE | | (2) RANK OR PAY LEVEL | | (3) MILITARY SPECIALITY CODE | | |
| | B. APPLICANT'S OTHER THAN FAA CERTIFICATED SCHOOL GRADUATES. LIST EXPERIENCE RELATING TO CERTIFICATE AND RATING APPLIED FOR. <i>(Continue on separate sheet, if more space is needed).</i> | | | | | | | | |
| | DATES: MONTH AND YEAR | | EMPLOYER AND LOCATION | | | | TYPE WORK PERFORMED | | |
| | FROM | TO | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| C. PARACHUTE RIGGER APPLICANTS: INDICATE BY TYPE HOW MANY PARACHUTES PACKED | | SEAT | CHEST | BACK | LAP | FOR MASTER RATING ONLY | PACKED AS A - <input type="checkbox"/> SENIOR RIGGER <input type="checkbox"/> MILITARY RIGGER | | |

6. Block III—Record of Experience. (See box above.)

a. Item A—Military Competence Obtained In (Mechanic Applicants). When the applicant has gained all or part of the required experience in the military, the following items will be completed:

(1) Item A(1)—Service. The applicant must enter the branch of service where the experience was gained (e.g., Army, Navy).

(2) Item A(2)—Rank or Pay Level. The applicant must enter his or her highest rank or pay level.

(3) Item A(3)—Military Specialty Code. The applicant must enter his or her military specialty code (or equivalent depending on the branch of military service applicable).

Note: Before an applicant will be authorized to take a computerized airman knowledge test, an inspector will review the applicant’s documents and records. The applicant’s documents and records must show that the applicant received the required experience in civil activity and/or military activity. The inspector will determine if the applicant is eligible to take the appropriate aviation mechanic computerized airman knowledge test as required by § 65.77(a) and (b) or the parachute rigger computerized airman knowledge test as required by §§ 65.115, 65.117, and 65.119. The inspector who reviews these documents must hold a mechanic certificate with an Airframe and Powerplant (A&P) rating.

b. Item B—Mechanic Applicants Other Than FAA Certificated School Graduates. List Experience Relating to Certificate and Rating Applied For. (Continue on separate sheet, if more space is needed.)

(1) When the applicant’s experience was gained in civil and/or military activity, the applicant’s experience will be entered in item B. (Refer to § 65.77(a) and (b).)

(2) The applicant’s experience must meet the requirements listed in § 65.77(a) and (b).

(3) The inspector must advise applicants that the experience used to show qualifications must be recorded in item B. The applicant will enter his or her experience as follows:

(a) Dates: Month and Year. The applicant may enter his or her dates of employment using six-digit numeric characters (e.g., 01/2012) (month/year). (The dates must not be entered as January 2012 or 1/12.)

(b) Employer and Location. The applicant will enter the employer's name and location (city and state) in this area.

(c) Type Work Performed. The applicant will enter the type of work performed in this area. If not all of the applicant's experience can be recorded in item B, the applicant may use additional sheets of paper.

Note: Applicants presenting a Form CG-G-EAE-4, Certificate of Eligibility, reflecting completion of the FAA/Military Certification of Performance of Job Tasks program, must list their total length of military service. The applicant must also include the Issuance Control number from the Form CG-G-EAE-4 under "TYPE WORK PERFORMED."

(4) DMEs are not required to review the applicant's documents and records to verify the experience listed. However, the DME will verify that the applicant has entered sufficient experience on FAA Form 8610-2 to satisfy the experience and time requirements of § 65.77(a) and (b).

c. Item B—Parachute Rigger Applicants. List experience relating to certificate and rating applied for. (Continue on separate sheet, if more space is needed.)

(1) The applicant's experience must meet the requirements listed in § 65.115, § 65.117, or § 65.119.

(2) For a senior parachute rigger applicant, entries into block III, item B are not required.

(3) For a master parachute rigger applicant, there must be enough time and experience documented to satisfy the requirements of § 65.119(a) (at least 3 years of experience as a parachute rigger). The master parachute rigger applicant must complete the following parts of item B:

(a) Dates: Month and Year. The applicant may enter his or her dates of employment using six-digit numeric characters (e.g., 01/2012) (month/year). (The dates must not be entered as January 2012 or 01/12.)

(b) Employer and Location. The applicant will enter the employer's name and location (city and state) in this area.

(c) **Type Work Performed.** The applicant will enter the type of work performed in this area. The type of work must meet the experience requirements of § 65.119(b)(1) and/or (2). If the applicant is unable to record all of his or her experience in item B, the applicant may use additional sheets of paper.

(4) It is not necessary for DPRES to see the physical documents and records reflected on Form 8610-2 for applicants to satisfy the experience requirements of § 65.119.

d. Item C—Parachute Rigger Applicants: Indicate by Type How Many Parachutes Packed.

(1) Seat, Chest, Back, and/or Lap. Senior and master parachute rigger applicants must indicate the number of parachutes packed in each appropriate box.

(2) Packed as a: Senior Rigger or Military Rigger. Master parachute rigger applicants must indicate if any of the parachutes were packed as a senior rigger and/or military rigger by checking the appropriate box.

Note: A master parachute rigger applicant may have packed the necessary number of parachutes without being either a senior or a military rigger. In this case, the applicant may leave the boxes blank.

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|----------------------------------|--|---------|
| IV. APPLICANT'S CERTIFICATION | I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE | |
| | A. SIGNATURE | B. DATE |

7. Block IV—Applicant's Certification. (For an example, see box above.) Before the applicant signs block IV, the following must be completed:

a. Item A—Signature. The inspector will have the applicant review FAA Form 8610-2 before the applicant signs his or her name. (If FAA Form 8610-2 was prepared by someone other than the applicant, the applicant should review FAA Form 8610-2 carefully.)

(1) FAA Form 8610-2 must be signed as the applicant normally signs his or her name, above or beside his or her typed or printed name.

(2) For verification purposes, the inspector must require the applicant to provide a current and valid identification issued by a domestic or foreign government entity (state, local, or national) showing a photograph and signature.

(a) A passport, U.S. driver's license, or U.S. military identification may be used for verification. A foreign passport is acceptable. A driver's license may be used for identification purposes if that driver's license has been issued by a U.S. state or territory. A foreign driver's license cannot be used for identification purposes.

(b) The name, number, and expiration date of the document used for verification will be recorded in the "REMARKS" area. (See Chapter 6, Section 2, paragraph 9.)

(c) The inspector or designee must explain that the applicant’s signature is a certification of true and correct information appearing on FAA Form 8610-2. False statements or false information for which the applicant has signed may be grounds to revoke all FAA certificates he or she may possess.

b. Item B—Date. The applicant must enter the date FAA Form 8610-2 was signed. For applicants graduating from an AMTS, the date of application in block IV must not be earlier than the graduation date in block II(d) (except for applicant’s under § 65.80).

Note: Before giving the oral and practical tests, the designee will ask the applicant for identification to reverify the information shown on FAA Form 8610-2. If identification has been recorded in the “REMARKS” area, the Technical Personnel Examiner (TPE) will initial this to verify the same identification. If identification was not entered in the “REMARKS” area, the designee will enter this information.

| | | | |
|---|------|-----------------------|---------------------|
| I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS. | DATE | INSPECTOR'S SIGNATURE | FAA DISTRICT OFFICE |
|---|------|-----------------------|---------------------|

8. Block V—I Find This Applicant Meets the Experience Requirements of 14 CFR Part 65 and is Eligible to Take the Required Tests. (See box above.) Before the inspector signs block V, the following must be completed:

a. Date. The inspector must enter the date the authorization took place. The inspector must enter all dates using eight-digit numeric characters (e.g., 05/05/2018) (month/day/year). (The dates must not be entered as May 5, 2018 or 05/05/18.)

b. Inspector’s Signature. The inspector will sign his or her name and print his or her name in this area.

c. FAA District Office. The inspector will provide the office identifier (e.g., EA05, NM04).

Note: The block V endorsement must not be restricted to a specific office.

| FOR FAA USE ONLY | | | | | | | | | | | | | | | | |
|------------------|------|------|------|-----|------|-----|-----|----|------|-----|------|------------|------------|------------|------------|--|
| Emp. | reg. | D.O. | seal | con | iss. | Act | lev | TR | s.h. | Src | #rte | Rating (1) | Rating (2) | Rating (3) | Rating (4) | |
| | | | | | | | | | | | | | | | | |
| LIMITATIONS | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

9. For FAA Use Only. Applicants and TPEs are to disregard this area. This area is for FAA use only. (See box above.)

| 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"/> | EXPIRATION DATE: | | | FAIL | <input type="checkbox"/> | | | | | |
| | BACK | | PASS | <input type="checkbox"/> | EXPIRATION DATE: | | | FAIL | <input type="checkbox"/> | | | | | |
| | CHEST | | PASS | <input type="checkbox"/> | EXPIRATION DATE: | | | FAIL | <input type="checkbox"/> | | | | | |
| | LAP | | PASS | <input type="checkbox"/> | EXPIRATION DATE: | | | FAIL | <input type="checkbox"/> | | | | | |
| | | | PASS | <input type="checkbox"/> | EXPIRATION DATE: | | | FAIL | <input type="checkbox"/> | | | | | |
| REMARKS | | | | | | | | | | | | | | |

10. Results of Oral and Practical Tests. (See box above.)

a. The DME Will Annotate Passed/Failed Subject Areas as Follows:

(1) Enter the section(s) and subject area(s) failed and/or not tested in the “REMARKS” column. (See Figure 6-8.) For failed oral and/or practical tests, the unique identifier for the failed oral question or practical project must be entered in the “QUES. NO.” and/or “PROJ. NO.” box for the applicable section.

(2) For all Oral/Knowledge areas and/or Practical/Skill areas passed, enter an expiration date 24 calendar-months from the date of the test. (See Figures 6-7 through 6-12.)

b. The DPRE will Annotate Passed/Failed Areas of Operation as Follows:

(1) When the applicant passes all Areas of Operation for a rating, place an “X” in the appropriate “PASS” box. (See Figures 6-20 and 6-22.)

(2) When an Area of Operation for a rating is failed, place an “X” in the appropriate “FAIL” box, and enter the Area(s) of Operation and the task(s) failed and/or not completed in the “REMARKS” column. (See Figure 6-21.)

| 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 <i>(Temporary Certificate Issued)</i> <input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> APPROVED <i>(Temporary Certificate NOT issued)</i> <input type="checkbox"/> FAR 65.80 - ORAL/PRACTICAL PASSED |
| ATTACHMENTS: | <input type="checkbox"/> REPORT OF WRITTEN TEST <input type="checkbox"/> FAA FORM 8610-2 | <input type="checkbox"/> SUPERSEDED CERTIFICATE <input type="checkbox"/> TEMPORARY CERTIFICATE |
| | | <input type="checkbox"/> LETTER <input type="checkbox"/> SEAL SYMBOL CARD |
| DATE TEST COMPLETED | EXAMINER'S SIGNATURE | DESIGNATION NO. |

11. Designated Examiner’s Report. (See box above.)

- a. **DME.** For details on how a DME completes this area, see Figures 6-7 through 6-12.
- b. **DPRE.** For details on how a DPRE completes this area, see Figures 6-20 through 6-22.

| 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? | <input type="checkbox"/> NO <input type="checkbox"/> 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? | <input type="checkbox"/> NO <input type="checkbox"/> YES → DATE OF FINAL CONVICTION |
| I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE. | |
| A. SIGNATURE | B. DATE |

12. Applicant’s Certification. (See box above.) This block must be completed by the applicant at the time of the issuance of FAA Form 8060-4.

a. Have You Ever Had an Airman Certificate Suspended or Revoked?

- (1) The applicant must check either the “YES” box or the “NO” box. (A Student Pilot Certificate is a pilot certificate.)
- (2) If the “YES” box is checked, refer to §§ 65.11(c) and (d)(2), and 65.12.
- (3) If the DME or applicant does not understand the requirements of part 65 as it applies to a particular situation, contact the managing FAA office for clarification and assistance.

b. Have You Ever Been Convicted for Violation of Any Federal or State Statutes Pertaining to Narcotic Drugs, Marijuana, Depressant or Stimulant Drugs or Substances?
The applicant must check either the “YES” box or the “NO” box.

- (1) If the applicant checks the “YES” box, the applicant must make an entry by the “DATE OF FINAL CONVICTION” area. (Refer to § 65.12.)
- (2) If the DME or applicant does not understand the requirements of part 65 as it applies to a particular situation, contact the managing FAA office for clarification and assistance.

| 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 |

13. FAA Inspector's Report. (See above and the reverse side of FAA Form 8610-2.)

a. Approved Box and Disapproved Box. The inspector will not check the "APPROVED" box or the "DISAPPROVED" box unless he or she has personally given the applicant the oral and practical test or if the application and Temporary Airman Certificate are signed by the ASI. In these cases, "APPROVED" or "DISAPPROVED" must be checked by the ASI issuing the Temporary Airman Certificate.

b. Examined This Applicant's Papers. The inspector must check only the "EXAMINED THIS APPLICANT'S PAPERS" box. However, if the inspector is the one that issued the Temporary Airman Certificate, then the "APPROVED" box must be checked.

(1) The inspector must complete the "DATE" box using eight-digit numeric characters (e.g., 05/05/2018) (month/day/year). (The dates must not be entered as May 5, 2018 or 05/05/18.)

(2) The inspector must sign above or beside his or her typed or printed name in the "INSPECTOR'S SIGNATURE" box.

(3) The inspector will enter his or her managing FAA office identification in the "FAA DISTRICT OFFICE" box (e.g., EA05, NM04).

c. Parachute Seal Symbol Assigned. The inspector will annotate the parachute seal symbol assigned by the DPRE as annotated in block XIII on FAA Form 8060-4. (See Figures 6-25 through 6-27.)

**Figure 6-3. Sample FAA Form 8610-2, Airman Certificate and/or Rating Application
(Applicant cannot list all experience required in block III.)**

TYPE OR PRINT ALL ENTRIES IN INK Form Approved OMB No. 2120-0022

U.S. Department of Transportation
Federal Aviation Administration

AIRMAN CERTIFICATE AND/OR RATING APPLICATION

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

(Specify Rating)

APPLICATION FOR: ORIGINAL ISSUANCE ADDED RATING

I. APPLICANT INFORMATION

A. NAME (First, Middle, Last) Samuel William Smith K. PERMANENT MAILING ADDRESS
2746 N. Boulevard
 NUMBER AND STREET, P.O. BOX, ETC.
Springfield
 CITY Virginia 22003-7777
 STATE ZIP CODE

B. SOCIAL SECURITY NO. 555-55-5555 C. D.O.B. (Mo., Day, Yr) 06/06/1965 D. HEIGHT 69 IN E. WEIGHT 170
 F. HAIR Brown G. EYES Hazel H. SEX M I. NATIONALITY (Citizenship) U.S.

J. PLACE OF BIRTH Buffalo, New York

L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?
 NO YES (If "Yes," explain on an attached sheet keying to appropriate item number)

M. DO YOU NOW OR HAVE YOU EVER HELD AND FAA AIRMAN CERTIFICATE?
 NO YES SPECIFY TYPE: DATE OF FINAL CONVICTION

N. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, AND DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? NO YES

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF -

A. CIVIL EXPERIENCE B. MILITARY EXPERIENCE C. LETTER OF RECOMMENDATION FOR REPAIRMAN (Attach copy)

D. GRADUATE OF APPROVED COURSE (1) NAME AND LOCATION OF SCHOOL
 (2) SCHOOL NO. (3) CURRICULUM FROM WHICH GRADUATED (4) DATE

E. STUDENT HAS MADE SATISFACTORY PROGRESS AND IS RECOMMENDED TO TAKE THE ORAL/PRACTICAL TEST (FAR 65.80) (1) SCHOOL NAME NO. (2) SCHOOL OFFICIAL'S SIGNATURE

F. SPECIAL AUTHORIZATION TO TAKE MECHANIC'S ORAL/PRACTICAL TEST (FAR 65.80) (1) DATE AUTH. (2) DATE AUTH. EXPIRES (3) FAA INSPECTOR SIGNATURE (4) FAADIST OFC.

III. RECORD OF EXPERIENCE

A. MILITARY COMPETENCE OBTAINED IN (1) SERVICE U.S. Army (2) RANK OR PAY LEVEL Sgt. (3) MILITARY SPECIALTY CODE 68B2Z.1

B. APPLICANTS OTHER THAN FAA CERTIFIED SCHOOL GRADUATES, LIST EXPERIENCE RELATING TO CERTIFICATE AND RATING APPLIED FOR. (Continue on separate sheet, if more space is needed).

| DATES - MONTH AND YEAR | | EMPLOYER AND LOCATION | TYPE WORK PERFORMED |
|------------------------|------------|---|--|
| FROM | TO | | |
| 08/10/1990 | 05/25/2005 | Brown Flying Service Arlington, Virginia | (See attached sheet for type of work performed.) |
| 07/03/1989 | 06/20/1990 | U.S. Army Fort Sill, Oklahoma | |

C. PARACHUTE RIGGER APPLICANTS: INDICATE BY TYPE HOW MANY PARACHUTES PACKED

| | | | | | |
|------|-------|------|-----|------------------------|---|
| SEAT | CHEST | BACK | LAP | FOR MASTER RATING ONLY | PACKED AS A - |
| | | | | | <input type="checkbox"/> SENIOR RIGGER <input type="checkbox"/> MILITARY RIGGER |

IV. APPLICANTS CERTIFICATION I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE
 A. SIGNATURE Samuel W. Smith Samuel W. Smith B. DATE 05/25/2005

V. I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS. DATE 05/25/2005 INSPECTOR'S SIGNATURE John B. Jones John B. Jones FAA DISTRICT OFFICE ABQ-FSDO-01

FOR FAA USE ONLY

| Emp. | Reg. | U.O. | Seat | Cont. | Iss. | Act. | Jan. | TR | st. | Sic | #/In | Rating (1) | Rating (2) | Rating (3) | Rating (4) |
|------|------|------|------|-------|------|------|------|----|-----|-----|------|------------|------------|------------|------------|
| | | | | | | | | | | | | | | | |

LIMITATIONS

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

FAA Form 8610-2 (2-85) SUPERSEDES PREVIOUS EDITION U.S.G.P.O.: 1993-789-012/80055

**Figure 6-4. Sample Attachment for FAA Form 8610-2, Airman Certificate and/or
Rating Application
(Applicant cannot list all experience required in block III.)**

| |
|--|
| <p>Attachment for Application of Samuel W. Smith Dated 05/25/2005</p> |
| <p>Date of Birth: 06/06/1965</p> |
| <p>For Brown Flying Service:</p> <p>Worked as a mechanic helper doing aircraft maintenance, repair, and alteration on Cessna, Piper, and Beech single and light-twin engine aircraft.</p> |
| <p>For U.S. Army:</p> <p>Removed and replaced reciprocating engines on light observation fixed-wing airplanes. Accomplished troubleshooting, inspection, repair, and run-up check after maintenance. Removed and replaced reciprocating engine components (cylinders, magnetos, carburetors, starters, generators, etc.) on small engines. Accomplished run-up and preflight inspection. Accomplished "heavy" checks (similar in scope to civil 100-hour inspections).</p> |
| <p><i>Samuel W. Smith</i> Samuel W. Smith</p> |