



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

**INFORMATION FOR APPLICANT**

**STATEMENT OF  
QUALIFICATIONS  
(DAR - DMIR - DER)**

**Privacy Act Statement**

Information on this form is solicited under authority of 14 CFR Part 183. The purpose of this information is to evaluate your application and establish your qualifications as a designee. Submission of the data is mandatory except for your Social Security Number which is voluntary. Incomplete submission may result in delay or denial of your request. The data will be used to determine your eligibility for the designation sought, and will become part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and is subject to the following routine uses as published in the Federal Register: (1) To provide the public with the names and addresses of certain categories of representatives who may provide service to them; and (2) DOT's Prefatory Statement of General Routine Uses.

The submission of your social security number is voluntary. If provided, it will be used for record keeping purposes and to help prevent your records from being confused with another person of the same name.

**Paperwork Reduction Act Statement:** A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0033. Public reporting for this collection of information is estimated to be approximately 30 minutes to 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain benefits per 14 CFR Part 183. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

**Tear off this cover sheet before submitting this form.**

# FAA Form 8110-14, Statement of Qualifications

Organizations complete only the applicable blocks and attach separate resumes with the names, signatures, titles, and qualifications of those persons who would actually perform the authorized functions.

<b>STATEMENT OF QUALIFICATIONS (DAR-DMIR-DER)</b>		OMB-2120-0033 Expiration Date 08-31-2013												
US Department of Transportation Federal Aviation Administration		<b>3. U.S. CITIZEN</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>INSTRUCTIONS:</b> <i>Print or type all entries except signatures</i>														
<b>1. NAME</b> (Last, first, middle) OR ORGANIZATION		<b>4. DATE OF BIRTH</b>												
<b>2. BUSINESS OR COMPANY ADDRESS</b> (Number, street, city, state, and ZIP code)														
<b>5. BUSINESS PHONE NUMBER</b>	<b>6. BUSINESS FAX NUMBER</b>	<b>7. EMAIL ADDRESS</b>												
<b>8. DESIGNATION SOUGHT</b>														
<input type="checkbox"/> Designated Engineering Representative (DER)		<input type="checkbox"/> Engine Engineering												
<input type="checkbox"/> Structural Engineering		<input type="checkbox"/> Propeller Engineering												
<input type="checkbox"/> Company		<input type="checkbox"/> Systems and Equipment Engineering												
<input type="checkbox"/> Consultant		<input type="checkbox"/> Flight Analyst												
<input type="checkbox"/> Acoustical Engineering		<input type="checkbox"/> Flight Test Pilot												
<input type="checkbox"/> Manufacturing Function(s)		<b>Note:</b> A separate application must be submitted for each discipline, i.e., Manufacturing or Engineering.												
<input type="checkbox"/> Designated Airworthiness Representative (DAR)														
<input type="checkbox"/> Designated Manufacturing Inspection Representative (DMIR)														
Applicants shall identify specific function(s) for which appointment is sought:														
<b>9. EXPERIENCE RESUME FOR NUMBER OF YEARS, AS APPROPRIATE, PERTINENT TO DESIGNATION SOUGHT. (Use additional sheets if necessary)</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Dates</th> <th rowspan="2" style="text-align: center;">Employer's Name</th> <th rowspan="2" style="text-align: center;">Position Title and Duties</th> </tr> <tr> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Dates		Employer's Name	Position Title and Duties	From	To						
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From	To													
<b>10. EDUCATION AND TRAINING HIGH SCHOOL LEVEL AND ABOVE PERTINENT TO DESIGNATION SOUGHT.</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Dates</th> <th rowspan="2" style="text-align: center;">Name of School</th> <th rowspan="2" style="text-align: center;">Curriculum or Study Program</th> <th rowspan="2" style="text-align: center;">Degrees Received</th> </tr> <tr> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Dates		Name of School	Curriculum or Study Program	Degrees Received	From	To					
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From	To													
<b>11. FAA CERTIFICATES NOW HELD PERTINENT TO DESIGNATION SOUGHT.</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Type</th> <th style="text-align: center;">Certificate No.</th> <th style="text-align: center;">Rating</th> <th style="text-align: center;">Date Each Rating Issued</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Type	Certificate No.	Rating	Date Each Rating Issued								
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<b>12. EMPLOYER'S RECOMMENDATION:</b>														
I recommend the person identified above be appointed as:														
<input type="checkbox"/> Designated Engineering Representative		<input type="checkbox"/> Designated Manufacturing Inspection Representative												
<input type="checkbox"/> Designated Airworthiness Representative														
<b>Date</b>	<b>Primary Business</b>	<b>Signature</b>												
<b>13. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED IF DIFFERENT THAN BLOCK 2.</b>														
Address	Telephone Number	EMAIL Address (Optional)												
<b>14. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that I am familiar with the Federal Aviation Regulations pertinent to the designation sought.</b>														
Date	Signature													