



U.S. Department  
of Transportation  
Federal Aviation  
Administration

## EXAMINER DESIGNATION AND QUALIFICATION RECORD

TYPE OF DESIGNATION

PRIVATE PILOT
COMMERCIAL PILOT EXAMINER
AIRLINE TRANSPORT PILOT EXAMINER
PROFICIENCY PILOT EXAMINER
FLIGHT ENGINEER EXAMINER
FLIGHT INSTRUCTOR EXAMINER
OTHER

Attach supplemental sheets if more space is required for any item

1. NAME (Last, first, middle)	Telephone No.
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2. ADDRESS (Number, street, city, state, and ZIP code)	3. DATE OF BIRTH (Month, day, and year)	4. U.S. CITIZEN
		<input type="checkbox"/> YES
		<input type="checkbox"/> NO

5. DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN EXAMINER DESIGNATION	<input type="checkbox"/>	YES	TYPE AND NUMBER
	<input type="checkbox"/>	NO	

6. HAS ANY CERTIFICATE OR RATING ISSUED YOU EVER BEEN SUSPENDED OR REVOKED OR HAVE YOU PAID A CIVIL PENALTY AS A RESULT OF A VIOLATION OF THE FEDERAL AVIATION REGULATIONS. (Complete for original designations only)

<input type="checkbox"/> YES
<input type="checkbox"/> NO

### 7. CERTIFICATES HELD

TYPE	CERTIFICATE NO.	RATINGS	DATE ISSUED

### 8. FLIGHT EXPERIENCE (in hours)

	AIRPLANE		ROTORTYPE		GLIDERS		AIRSHIPS		INSTRUMENT FLIGHT (Actual or sim)	NIGHT FLIGHT
	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO		
PILOT-IN-COMMAND										
FLIGHT INSTRUCTION GIVEN										
COPILOT										
FLIGHT NAVIGATOR										
FLIGHT ENGINEER										

### 9. EMPLOYMENT (Indicate professional experience pertinent to this designation)

EMPLOYER'S NAME	NATURE OF WORK	DATES	TITLE OF POSITION

10. SPECIAL TRAINING PERTINENT TO THE DESIGNATION

**CERTIFICATION:** I certify that I am familiar with the requirements for this designation, its privileges and limitations, and that the information stated herein is true. It is understood that this designation may be terminated upon notice by the FAA for the reasons specified in section 183.15(b) of the Federal Aviation Regulations.

**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 collection is 2120-0033. Public reporting for this collection of information is estimated to be approximately 30 minutes 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.

DATE	SIGNATURE
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FOR FAA USE							
TYPE OF ACTION		FLIGHT TEST ACTIVITIES-GENERAL AVIATION <i>(Complete for renewals and additional designations)</i>				DATE LAST REPORT SUBMITTED	
<input type="checkbox"/>	ORIGINAL ISSUANCE	CERTIFICATES/RATINGS	TOTAL SUBMITTED	DISAPPROVED BY EXAMINER	ACCEPTED BY INSPECTOR	RECHECKED BY INSPECTOR	NO. RETURNED FOR CORRECTION
<input type="checkbox"/>	RENEWAL	PRIVATE PILOT					
<input type="checkbox"/>	ADDITIONAL AUTHORITY	COMMERCIAL PILOT					
		AIRLINE TRANSPORT PILOT					
<input type="checkbox"/>	SPOT CHECK ONLY- NO RENEWAL EFFECTED	INSTRUMENT RATING					
<input type="checkbox"/>	REINSTATEMENT	ADDITIONAL RATINGS	PRIVATE				
			COMMERCIAL				
			ATR				
Complete for original issuance and reinstatements only	CHARACTER AND REPUTATION <i>(Include industry and community reputation as well as personal knowledge possessed by FAA personnel)</i>						
	PROFESSIONAL ABILITY <i>(Brief narrative description of examiner indoctrination and training given and results expressed as "good," excellent or "unsatisfactory.")</i>						

<b>INSPECTOR'S RECOMMENDATION/ACTION</b>	<input type="checkbox"/> APPROVE
	<input type="checkbox"/> DISAPPROVE

JUSTIFICATION FOR APPROVAL/REASONS FOR DISAPPROVAL

The individual named has been flight tested/examined and deemed competent to perform the duties of the designation indicated below.

DESIGNATION	<input type="checkbox"/>	PRIVATE PILOT	CATEGORY	ADDITIONAL QUALIFICATIONS LIMITATIONS <i>(For pilot flight engineer examiner give aircraft category)</i>
	<input type="checkbox"/>	COMMERCIAL PILOT EXAMINER	AIRPLANE	
	<input type="checkbox"/>	AIRLINE TRANSPORT PILOT EXAMINER	ROTORCRAFT	
	<input type="checkbox"/>	PROFICIENCY PILOT EXAMINER	GLIDER	
	<input type="checkbox"/>	FLIGHT ENGINEER EXAMINER	AIRSHIP	
	<input type="checkbox"/>	FLIGHT INSTRUCTOR EXAMINER		
DATE		OFFICE NO.	INSPECTOR'S SIGNATURE	

**PRIVACY ACT STATEMENT.** The information on this form is solicited under authority of the Federal Aviation Regulations Part 183. The purpose of this information is to establish your qualifications as an examiner. Submission of the data is mandatory. Incomplete submission may result in delay or denial of your request. The data will be used to determine your eligibility as an examiner, and for statistical purposes. In addition, the data also becomes part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and is subject to the additional conditions of that published system.

DISTRICT CERTIFICATE MANAGEMENT OR REGIONAL			
<input type="checkbox"/>	CONCUR	DATE	SIGNATURE
<input type="checkbox"/>	DISAPPROVE		

TYPE OF DESIGNATION	CERTIFICATE OF AUTHORITY ISSUED		
	NO.	DO TO SERVE UNDER	EXPIRATION DATE