

FAA Form 8710-11, Airman Certificate and/or Rating Application

Supplemental Information and Instructions

OMB Control Number: 2120-0690

Expiration Date: 12/31/2025

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 2120-0690. Public reporting for this collection of information is estimated to be approximately 15 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 a benefit under 14 CFR Part 61 and 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, AES-200.

Privacy Act

The information on the accompanying form is solicited under authority of Title 14 of the code of Federal Regulations (14 CFR), Part 61. The purpose of this data is to be used to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. A person holding a flight instructor certificate also submits this form to the Administrator with documentation to identify and evaluate establishment of recent experience (recency). Submission of all requested data is mandatory, except for the Social Security Number (SSN), which is voluntary. Failure to provide all the required information would result in you not being issued a certificate and/or rating or the FAA not accepting your submission to validate a new flight instructor recency period. The information would become part of the Privacy Act System of records DOT/FAA 847, Aviation Records on Individuals. The information collected on this form would be subject to the published routine uses of DOT.FAA 847. Those routine users are: (a) To provide basic airman certification and qualification information to the public upon request. (b) To disclose information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities. (c) To provide information about airman apprehension of drug-law violators. (d) To provide information about enforcement actions arising out of violations of the Federal Aviation regulations to government agencies, the aviation industry, and the public upon request. (e) To disclose information to another Federal agency, or to a court or an administrative tribunal, when the Government or one of its agencies is a party to judicial proceeding before the court or involved in administrative proceedings before the tribunal.

Submission of your Social Security Number is voluntary. Disclosure of your SSN will facilitate maintenance of your records, which are maintained in alphabetical order and cross references with your SSN and airman certificate number to provide prompt access. In the event of nondisclosure, a unique number will be assigned to your file.

If an electronic form is not printed on a duplex printer, the applicant's name, date of birth and certificate number (if applicable) must be furnished on the reverse side of the application. This information is required for identification purposes. The telephone number and E-mail address are optional

**CERTIFICATE AND/OR RATING APPLICATION – SPORT PILOT
INSTRUCTIONS FOR COMPLETING FAA FORM 8710-11**

I. APPLICATION INFORMATION. Mark “X” in all appropriate blocks(s).

*Please enter all dates in eight digits as MM/DD/YYYY.
Use numeric characters, (e.g. 01/01/2023)*

Block A. Name. Enter full legal name (Last, First, Middle). If your full legal name is more than 50 characters, use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with 14 CFR part 61.25. If you do not have a middle name, enter “NMN.” If you have a middle initial only, indicate “Initial only.” Indicate if you are a Jr., II, or III.

Block B. Social Security Number. Enter either your 9-digit social security number, “Do Not Use” or “None” if you are not a U.S. citizen. If entering a social security number, only enter a 9-digit U.S. social security number (optional). See supplemental Privacy Act Information.

Block C. Date of Birth. Enter your date of birth in the following format: MM/DD/YYYY. Check for accuracy. Verify that DOB is the same as it is on the medical certificate.

Block D. Place of Birth. If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country where you were born.

Block E. Residential Address. Enter your complete residential address. This must include street number, city, state, and zip code. If the applicant has a foreign address, the country must be stated. If a residential address does not exist, a map or written directions to the applicant’s physical residence must be attached to the application. Verify that the numbers are not transposed.

Block F. Citizenship. Mark USA if you are a U.S. Citizen or legally naturalized U.S. Citizen. If you are not a U.S. citizen, mark “Other” and enter the country where you are a legal citizen. To claim Dual Citizenship the applicant must present appropriate documentation of citizenship for each country.

Block G. Do you read, speak, write and understand the English language? Mark yes or no. If you answered “No” and it is due to medical reasons, an operating limitation will be placed on the airman certificate.

Block H. Height. Enter your height in inches. Example: 5’8” would be entered as 68 in. No fractions, use whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions, use whole pounds.

Block J. Hair. Spell out the color of your hair. Choose from the following: bald, black, blond, brown, gray, red or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block K. Eyes. Spell out the color of your eyes. Choose from the following: black, blue, brown, gray, green, or hazel.

Block L. Sex. Mark either Male or Female as appropriate.

Block M. Do You Hold or Have You Ever Held An FAA Pilot Certificate? Mark yes or no. (NOTE: A student pilot certificate is a pilot certificate.) If Yes, complete Blocks N, O and P.

Block N. Grade of Certificate. Enter the grade of the FAA pilot certificate you hold (i.e., Student, Recreational, Private, Commercial, or ATP). DO NOT enter flight instructor certificate information.

Block O. Certificate Number. Enter your current FAA certificate number as it appears on the pilot certificate.

Block P. Date Issued. Enter the date your pilot certificate was last issued.

Block Q. Do You Hold, or Have You Ever Held, a Medical Certificate? Mark applicable boxes. If yes, complete blocks R, S, and T.

Block R. Class of Medical Certificate. Enter the class as shown on the medical certificate, (i.e., First, Second, or Third Class). If your most recent medical certificate which was valid at some point after July 14th, 2006 has expired and you are operating under BasicMed, enter “BASICMED” in this field.

Block S. Date Issued. Enter the date your medical certificate was issued. If you are operating under BasicMed, leave blank.

Block T. Name of Medical Examiner. Enter the medical examiner’s name as shown on your medical certificate. If you are operating under BasicMed, leave blank.

Block U. Driver’s License. Indicate whether you hold a U.S. driver’s license by marking yes or no. If you answer yes, complete boxes V, W, X and Y.

Block V. License number. Enter your complete driver’s license number. Verify that the numbers are not transposed.

Block W. State of Issuance. Enter the name of the state that issued your driver’s license.

Block X. Date Issued. Enter the date your driver’s license was issued, using the following format: MM/DD/YYYY.

Block Y. Expiration Date. Enter the date on which your driver’s license will expire, or has expired, using the following format: MM/DD/YYYY.

Block Za. Narcotics Drugs. Mark appropriate block. Only mark “Yes” if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, mark “No.” Do not include motor vehicle actions already reported in accordance with as defined in 14 CFR §61.15(c).

Block Zb. Date of Final Conviction. If block “Za” was marked “Yes” provide the date of final conviction.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF: Block A. Completion of Required Test.

1. Aircraft to be used. (If flight test required) – Enter the make and model of each aircraft used or represented. If a flight simulation training device (FSTD) is used, indicate Level of Device(s).
2. Total time in this aircraft and/or approved full flight simulator (FFS) or flight training device (FTD) (Hrs.) – (2a) Enter the total Flight Time (2b) Enter Pilot-In- Command (PIC) Flight Time.

Block B. Graduate of an Approved/Accepted Course.

1. Enter the name and location of training center, school or agency. Indicate if this was a part 142 training center.
 - 1a. Enter the certificate number of the training center, if applicable.
2. Curriculum From Which Graduated. Enter name of curriculum and level, category, and/or type rating, as applicable.
3. Date. Date of graduation from indicated course.
Note: Approved course graduate must also complete block A “Completion of Test or Activity,” if the course is not part of an Air Agency or a part 142 Training Center.

Block C. Holder of Foreign License.

1. Country that Issued the Foreign Pilot License.
2. Grade Of Foreign Pilot License (i.e. private, commercial, etc).
3. Number. Number which appears on the foreign license.
4. Ratings. Enter the FAA equivalent only ratings that appear on the foreign license. Indicate the ratings as they will appear on the FAA Certificate (i.e. ASEL, AMEL, ROTORCRAFT HELICOPTER, CE-500, etc).

III. RECORD OF PILOT TIME. At a minimum, the applicant should complete the blocks applicable to the certificate or rating sought; however, it is recommended that all pilot time be entered. If decimal points are utilized, ensure that they are legible. Time entered in the “Class Totals” block should reflect time in aircraft class for the certificate or rating sought with this application. The time entered for an FFS, FTD, and/or ATD may be credited towards the total time in the category, class, and instrument time as permitted by the regulations. Add any Flight Engineer time used for ATP in remarks section.

IV. HAVE YOU PREVIOUSLY RECEIVED A NOTICE OF DISAPPROVAL OR BEEN DENIED FOR ANY REASON FOR THE CERTIFICATE AND/OR RATING FOR WHICH YOU ARE APPLYING? Mark “Yes” or “No” as appropriate.

V. APPLICANT’S/INDIVIDUAL’S CERTIFICATION.

- A. Signature. Sign your name.
- B. Date. The date you signed the application.



Airman Certificate and/or Rating Application – Sport Pilot

U.S. Department of Transportation
 Federal Aviation Administration

I. Application Information

Student Sport Private Proficiency Check Additional Rating
 Airplane Gyroplane Balloon Airship Glider Powered Parachute Weight Shift Control
 Flight Instructor _____ Initial _____ Recent Experience _____ 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?

USA Other Yes No

City, State, Zip Code H. Height I. Weight J. Hair K. Eyes L. Sex

_____ in. _____ lbs. _____ _____ _____
 Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate including revoked certificates? (Note: A student pilot certificate is a pilot certificate) Yes No

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

Q. Do you hold, or Have You Ever Held, 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
Aircrafts				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft (Gyroplane Only)				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Gliders																
Lighter Than Air																
Weightshift Control																
Powered Parachute																

IV. Have you failed a test for this certificate, privilege or rating? Yes No

V. Applicant's/Individual's Certification – I certify that all statements and answers provided by me on this 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 or to validate recency. I have also read and understand the Privacy Act Statement that accompanies this form.

Signature of Applicant/Individual Date

Instructor's Recommendation			
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
Air Agency's Recommendation			
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	
Designated Examiner or Airman Certification Representative Report			
<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. <input type="checkbox"/> Approved – Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Approved – No Temporary Certificate Issued <input type="checkbox"/> Disapproved – Disapproval Notice Issued (Original Attached)			
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
Proficiency Check – Instructor's Record			
<input type="checkbox"/> I have successfully 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.	Expiration Date:
Aviation Safety Inspector or Technician Report			
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) <input type="checkbox"/> Approved – No Temporary Certificate Issued 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 Used 1) 2)	Registration No(s) 1) 2)	
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Certificate or Rating Based on: <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Foreign License <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Other Approved FAA Qualification Criteria Flight Instructor <input type="checkbox"/> Initial <input type="checkbox"/> Added Rating/Privilege Recent Experience <input type="checkbox"/> Reinstatement Instructor Recency Based on: <input type="checkbox"/> Activity <input type="checkbox"/> WINGS <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
Attachments:			
<input type="checkbox"/> Student Pilot Certificate (Copy)	<input type="checkbox"/> Airman's Identification (ID)	ID:	Name: _____
<input type="checkbox"/> Knowledge Test Report	Form of ID	Date of Birth:	_____
<input type="checkbox"/> Temporary Airman Certificate	Number	Certificate Number:	_____
<input type="checkbox"/> Notice of Disapproval	Expiration Date	Email Address:	_____
<input type="checkbox"/> Superseded Airman Certificate	Telephone Number		



Airman Certificate and/or Rating Application – Sport Pilot

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:

This Page intentionally left blank