

Sic Type Rating Temporary Airman Certificate

Type Rating

SIC Limitation

I. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION						III. CERTIFICATE NO. 234567	
II. TEMPORARY AIRMAN CERTIFICATE							
VI. AIRMAN'S SIGNATURE	THIS CERTIFIES THAT		IV. JOHN ALEXANDER SMITH 3812 NW 18 TH ST OKLAHOMA CITY, OK 73111				
	V.						
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	VI.
4/7/1964	72 IN.	185	BROWN	BROWN	M	USA	
IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of COMMERCIAL PILOT							
RATINGS AND LIMITATIONS							
XII. AIRPLANE SINGLE AND MULTIENGINE LAND INSTRUMENT AIRPLANE B-777							
XIII. B-777 SIC PRIVILEGES ONLY							
THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE					DATE OF SUPERSEDED AIRMAN CERTIFICATE 1/6/2004		
BY DIRECTION OF THE ADMINISTRATOR						EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO. AFS-760	
X. DATE OF ISSUANCE		X. SIGNATURE OF EXAMINER OR INSPECTOR				DATE DESIGNATION EXPIRES	
9/2/2005		Harold K. Everett				2/28/2007	
FAA Form 8060-4 (9-95) USE PREVIOUS EDITION							
FOLD HERE							
XIV. CONDITIONS OF ISSUANCE							
<p>This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void –</p> <ol style="list-style-type: none"> 1. Upon the receipt of a certificate of greater duration to replace it; 2. Upon a finding by the FAA that an error has been made in its issuance; 3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or misrepresentation; 4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and 5. In any case, at the expiration of 120 days from date of issuance. 							

SIC Type Rating Application

Complete Section I.

Select "Other" and type "SIC Type Rating".

Complete Section II C for Part 141 or 142 Applicants.

Complete Section II E for Part 121 or 135 Operators.

Completion of Section III is recommended but not required.

The Applicant must complete Section V.

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No: 2120-0021


DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
Airman Certificate and/or Rating Application

I. Application Information

Student Recreational Private Commercial Airline Transport Instrument
 Flight Instructor Airplane Single-Engine Airplane Multiengine Rotorcraft Balloon Airship Glider Powered-Lift
 Medical Flight Test Renewal Reinstatement Reissuance of certificate Ground Instructor Other SIC Type Rating

A. Name (Last, First, Middle) Smith, John Alexander B. SSN (US Only) 456-78-9123 C. Place of Birth Norman Oklahoma
 D. Do you read, speak, write, & understand the English language? Yes No

E. Address 3812 NW 18th Street F. Citizenship USA Other
 G. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No H. Height 72 I. Weight 185 J. Hair Brown K. Eyes Brown L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate Commercial O. Certificate Number 234567 P. Date Issued 1/6/2004

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate 1st Class S. Date Issued 7/1/2005 T. Name of Examiner Dr. Don Duck

U. 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 V. Date of Final Conviction

II. Certificate or Rating Applied For on Basis of:

A. Completion of Required Test 1. Aircraft to be used (if flight test required) 2a. Total time in this aircraft / SIM / FTD 2b. Pilot in command

B. Military Competence Obtained In 1. Service 2. Date Rated 3. Rank or Grade and Service Number

C. Graduate of Approved Course 1. Name and Location of Training Agency or Training Center 1a. Certification Number

D. Holder of Foreign License Issued By 1. Country 2. Grade of License 3. Number

E. Completion of Air Carrier's Approved Training Program 1. Name of Air Carrier 2. Date 3. Which Curriculum

1. Olkie Airways 11/03/1998 Initial Upgrade Transition

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 Take-off Landings	Night PIC	Night Take-off Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC			PIC				PIC	PIC				
Rotorcraft				PIC			PIC				PIC	PIC				
Powered Lift				PIC			PIC				PIC	PIC				
Gliders																
Lighter Than Air																
Simulator Training Device																
PCATD																

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

V. Applicants'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 September 2, 2005

FAA Form 8710-1 (4-00) Supersedes Previous Edition NSN: 0052-00-882-5007

When Completed by an Authorized Designated Examiner or APD

Instructor's Recommendation must be completed.

NOTE: In lieu of the trainer, a qualified management official within the trainer's organization can sign the applicant's training records or logbook and make the required endorsement.

If the Temporary Certificate is issued by a Designated Examiner, APD or other authorized individual, complete box 2, Approved, and the last two lines of the Report.

Complete the Identification Verification.

Instructor's Recommendation				
I have personally instructed the applicant and consider this person ready to take the test.				
Date 9/2/2005	Instructor's Signature (Print Name & Sign) "Sparky" Anderson	Certificate No. 3456789	Certificate Expires 12/31/2006	
Air Agency's Recommendation				
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.				
Date	Agency Name and Number	Officials Signature		
		Title		
Designated Examiner or Airman Certification Representative Report				
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached)				
<input checked="" 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 certificate 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 checked="" type="checkbox"/> Approved -- Temporary Certificate Issued (Original Attached)				
<input type="checkbox"/> Disapproved -- Disapproval Notice Issued (Original Attached)				
Location of Test (Facility, City, State)			Duration of Test	
			Ground	Simulator/FTD Flight
Certificate or Rating for Which Tested B-777 SIC Privileges Only		Type(s) of Aircraft Used	Registration No.(s)	
Date 9/2/2005	Examiner's Signature (Print Name & Sign) "Red" Kilmer	Certificate No. 4567890	Designation No. XXXXXXXXXX	Designation Expires 12/31/2008
Evaluator's Record (Use For ATP Certificate and/or Type Ratings)				
	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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)				
Location of Test (Facility, City, State)			Duration of Test	
			Ground	Simulator/FTD Flight
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
<input type="checkbox"/> Student Pilot Certificate Issued	<input type="checkbox"/> Certificate or Rating Based on	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Ground Instructor	
<input type="checkbox"/> Examiner's Recommendation	<input type="checkbox"/> Military Competence	<input type="checkbox"/> Renewal		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Foreign License	<input type="checkbox"/> Reinstatement		
<input type="checkbox"/> Reissue or Exchange of Pilot Certificate	<input type="checkbox"/> Approved Course Graduate	Instructor Renewal Based on		
<input type="checkbox"/> Special Medical test conducted -- report forwarded to Aeromedical Certification Branch, AAM-330	<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	
Attachments:		<input checked="" type="checkbox"/> Airman's Identification (ID) Oklahoma Driver's License Form of ID 800987112 Number 04/2008 Expiration Date 555-555-5555 Telephone Number _____		
<input type="checkbox"/> Student Pilot Certificate (Copy)			ID: Name: John Alexander Smith	
<input type="checkbox"/> Knowledge Test Report			Date of Birth: 4/7/1964	
<input checked="" type="checkbox"/> Temporary Airman Certificate			Certificate Number: 234567	
<input type="checkbox"/> Notice of Disapproval			E-Mail Address: Smith20046@yahoo.com	
<input checked="" type="checkbox"/> Superseded Airman Certificate				

When Completed by an FAA Inspector

Instructor's Recommendation must be completed.

NOTE: In lieu of the trainer, a qualified management official within the trainer's organization can sign the applicant's training records or logbook and make the required endorsement.

If the Temporary Certificate is issued by an FAA Inspector, check Approved and complete Certificate or Rating for which Tested block, Other Approved FAA Qualification Criteria and the last line of the Report.

Complete the Identification Verification.

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
9/2/2005	*Sparky* Anderson	3456789	12/31/2006
Air Agency's Recommendation			
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.			
Date	Agency Name and Number	Officials 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 certificate 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"/> Disapproved -- Disapproval Notice Issued (Original Attached)			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD
		Flight	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
Date	Examiner's Signature (Print Name & Sign)	Certificate No.	Designation No.
			Designation Expires
Evaluator's Record (Use For ATP Certificate and/or Type Ratings)			
	Inspector	Examiner	Signature and Certificate Number
Date			
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____
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 checked="" type="checkbox"/> Approved -- Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved -- Disapproval Notice Issued (Original Attached)			
Location of Test (Facility, City, State)		Duration of Test	
		Ground	Simulator/FTD
		Flight	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)
B-777 SIC Privileges Only			
<input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Examiner's Recommendation <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Special Medical test conducted -- report forwarded to Aeromedical Certification Branch, AAM-330			
<input checked="" type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input checked="" type="checkbox"/> Other Approved FAA Qualification Criteria			
<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Instructor Renewal Based on <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
9/2/2005	John Lynch	987654	SW-15
Attachments:			
<input type="checkbox"/> Student Pilot Certificate (Copy) <input type="checkbox"/> Knowledge Test Report <input checked="" type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input checked="" type="checkbox"/> Superseded Airman Certificate			
<input checked="" type="checkbox"/> Airman's Identification (ID) Oklahoma Driver's License Form of ID 800987112 Number 04/2008 Expiration Date 555-555-5555 Telephone Number			
ID: _____ Name: John Alexander Smith Date of Birth: 4/7/1964 Certificate Number: 234567 E-Mail Address: Smith20046@yahoo.com			