**Supplemental information and Instructions** 

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

#### **Privacy Act Statement**

We collect the information on this form under the authority of Title 14 CFR Part 183. The purpose of this information is to evaluate your application and establish your qualifications as a general aviation designated pilot examiner (DPE). 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 to become a general aviation designated pilot examiner, and will become part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator. As part of that system of records, the information will be subject to the following routine uses as published in the Federal Register: (1) To facilitate written and oral communication between the FAA and it's representatives; and (2) To Provide the public with the names and addresses of certain categories of representatives who may provide service to them. Providing 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**

We use this form to collect essential information concerning your professional and personal qualifications to become a designee. The FAA uses this information to screen and select the designee. We estimate that it will take about 54 minutes to complete the form. Providing the information is mandatory is you wish to apply to become a Designated Pilot Examiner. The information becomes part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and is subject to the routine uses of that system as described above. Please not that an Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it display a currently valid OMB control number. The OMB control number associated with this collection of information is 2120-0033.

Detach all supplemental Information and Instruction shoots before submitting application.

#### NATIONAL EXAMINER BOARD-DESIGNATED PILOT EXAMINER CANDIDATE APPLICATION

#### **HOW TO APPLY** -- (Initial Designations)

- Answer all applicable questions (blocks) fully.
- Refer to the attached instruction sheets if you require assistance to answer a question (block).
- Complete, sign, and date this application in black ink.
- If you need more space to answer a question (block), use additional sheets of blank paper. Be sure to indicate the question (block) number and your name at the top of each additional sheet.
- Attach a copy (front and back) of all applicable pilot, flight instructor, and airman medical certificates to this application.
- Remove all instruction sheets before you send in your completed application.
- Be sure to keep a completed copy of the application and all additional sheets for your files.

#### WHERE TO SEND APPLICATION--

Federal Aviation Administration, Designee Standardization Branch (AFS-640), ATTN: National Examiner Board, P.O. Box 25082, Oklahoma City, OK 73125-0082

#### WHAT HAPPENS TO YOUR APPLICATION--

The National Examiner Board (NEB) will evaluate your application to ensure that you meet the selection criteria for the designation(s) sought. The NEB will advise you, in writing, whether or not you meet the applicable selection criteria. If the NEB sends you a letter stating you do not meet the selection criteria, do NOT take the predesignation knowledge test.

If the NEB sends you a letter stating you do meet the selection criteria, you will be directed to take the examiner predesignation knowledge test appropriate to the designation(s) sought. For example: airplane (PEA), rotorcraft (PER), glider (PEG), and balloon (PEB). You may take the examiner predesignation knowledge test at any FAA-approved computerized testing center. Request the pilot examiner predesignation knowledge test for the category applicable to the designation(s) sought. You MUST forward the original test results to the NEB within 10 days of the date you take the examiner predesignation knowledge test. Keep a copy of the test results for your personal records.

Upon receiving your original test results with a score of 80 percent or higher, the NEB will notify you of approval or disapproval for assignment to the national examiner candidate pool. The NEB will forward only die top three ranking candidates within the national examiner candidate pool to each FSDO that requests a new designee. If you are selected, you must be available to serve the entire FSDO area. The NEB keeps your application in the national examiner candidate pool for 2 years or until a FSDO selects you, whichever comes first.

After 2 years, the NEB win delete the applications of all candidates not selected by a FSDO from the national examiner candidate pool. An applicant must repeat the application process in order to apply for reassignment to the national examiner candidate pool.

**NOTE:** FAA Form 87 1 0- I 0 is used by the National Examiner Board for initial designation. FAA Form 87 1 0- I 0 does not supersede FAA Form 8710-6, Examiner Designation and Qualification Record. FAA Form 8710-6 may still be used for renewal of PPE's, ACR's, and DPE's.

Request for reinstatement must go to the NEB if the applicant has moved from the original designating district office's area of responsibility.

FAA Form 8710- 10 (1-00) i NSN: 0052-00-918-0000

Supplemental Information and Instructions (Continued)

#### TYPES OF DESIGNATIONS AND DESIGNEE DEFINITIONS—

**PE** - Private Pilot Examiner

**CIRE** - Commercial and Instrument Rating Pilot Examiner

CE - Commercial Pilot Examiner (For rotorcraft, gliders, and/or lighter-than-air aircraft only.)

ATPE - Airline Transport Pilot Examiner

#### GENERAL QUALIFICATIONS—

- The applicant must hold all pertinent category, class, and type ratings for each aircraft for which designation is sought.
- For a designation requiring a medical certificate, the applicant must hold a valid third-class airman medical certificate for initial designation. (A medical certificate is NOT required for designations limited to examining in balloons and gliders.)
- The applicant must be at least 21 years old.
- The applicant must have a good record as a pilot and flight instructor with regard to accidents, incidents, and violations.
- The applicant must meet all eligibility and experience requirements for the specific designation sought in accordance with the tables beginning on page iv for PE, CE, CIRE, ATPE requirements, the appropriate FAA order, handbooks, and pertinent, current Flight Standards Handbook Bulletin for General Aviation.
- The applicant must have a reputation for integrity and dependability in the industry and the community.
- The applicant must have a history of a harmonious relationship with the FAA.

#### INSTRUCTIONS FOR COMPLETING FAA FORM 8710-10-

- 1. All entries on FAA Form 8710-10 must be made in black ink or typewritten.
- 2. Read the attached "Privacy Act Statement."
- 3. Complete blocks 1 through 33:
  - a. Block 1. Name (Last, First, Middle)—
    - (1) Enter your legal name. For record purposes, do not use more than one middle name.
    - (2) If you do not have a middle name, enter "NMN" (no middle name) or "NMI" (no middle initial).
    - (3) If you have initial(s) only, enter the initials and then enter "INITIALS ONLY."
    - (4) If you are a junior, III, IV, etc., so indicate.
  - b. Block 2. Social Security Number-
    - (1) Completing Block 2 is optional (see "Privacy Act Statement").
    - (2) Enter your Social Security Number or one of the following: "DO NOT USE" or "NONE."
  - c. **Block 2A.** Date of Birth—Enter date using eight-digit, numeric characters (e.g., 08/09/1960 not August 9, 1960).
  - d. Block 3. Permanent Mailing Address—Enter all required information, to include number and street, P.O. Box, City, State, and Zip Code.
  - e. **Block 4**. Telephone Number—Enter your home and business telephone numbers including the area code and extensions, if applicable. You may also enter your Fax number, if applicable.
  - f. **Block 5**. This application is for:—Initial Application for NEB, Renewal Application for NEB, or Reinstatement (other than initial designating FSDO) for NEB. Check the box to the left of the reason for this application. **NOTE: Reinstatements are NOT to be sent to the NEB unless the applicant has moved to a different district.**
  - g. Block 6. Have you ever held an FAA pilot examiner designation in any region?—(If "YES," enter the date(s) and the supervising FSDO.)
  - h. **Block 7**. Type of designation(s) sought:—Check the box to the left of the designation(s) sought. Private Pilot Examiner (PE), Commercial Pilot Examiner (CE), Airline Transport Pilot Examiner (ATPE), and Commercial Instrument Rating Examiner (CIRE). (See the **SPECIFIC ELIGIBILITY REQUIREMENTS** criteria shown on pages iv and v.)
  - i. Block 8. Enter the categories, classes, and types of aircraft for which authorization is sought.—Self-explanatory.
  - j. **Block 9.** Enter the FSDO that has jurisdiction in the area where you desire to serve.—Self-explanatory.
  - k. Block 10. Enter the names of other FSDO's in whose areas you can provide examiner service on a regular basis, if any.—Self-explanatory.
  - l. Block 11. Has any certificate or rating issued to you ever been revoked?—(If "YES," describe the circumstances.)
  - m. Block 12. Have you had any aircraft accidents or incidents within the past 5 years?—(If "YES," describe the circumstances.)
  - n. **Block 13**. Are you a U.S. citizen?—(You must enter "YES" or "NO.") **NOTE:** You are not required to be a U.S. citizen in order to be a designated examiner.
  - o. **Block 14**. If you are NOT a U.S. citizen, enter the country in which you hold citizenship. If you hold dual citizenship, indicate the names of both countries.—Self-explanatory.
  - p. **Block 15**. Do you read, write, speak, and understand English fluently?—Self-explanatory.
  - q. **Block 16.** FAA certificates held—Enter all certificates held, their certificate numbers, and their ratings and limitations as shown on the certificate. **NOTE: You must provide copies (front and back) of all certificates.**
  - r. Block 17. Enter all of your special training which is pertinent to the designation sought.—Self-explanatory.
  - s. **Block 18A**. Have you ever served as a chief or assistant chief instructor in a school authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 141?—(If "YES," enter the date(s).)
  - t. **Block 18B**. Have you ever served as a check airman authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 121 and/or part 135?—(If "YES," enter the date(s) and the FSDO.)

Supplemental Information and Instructions (Continued)

- u. Block 18C. Have you ever been an FAA Aviation Safety Inspector?—(If "YES," enter the date(s) and the FSDO.)
- v. **Block 19**. Have you ever been a military pilot evaluator?—(If "YES," enter the date(s).)
- w. **Block 20**. Have you ever been an FAA Accident Prevention Counselor or FAA Aviation Safety Counselor?—(If "YES," enter the date(s) and the FSDO.)
- x. **Block 21.** Flight Experience—Enter all your actual flight time (in hours), as requested. Do not round off or approximate your hours (i.e., ±). Do not write in the shaded areas. Answer Blocks 21A through 21I, if applicable. **NOTE:** Total flight instruction given and/or instrument flight instruction given. (See the **SPECIFIC ELIGIBILITY REQUIREMENTS** criteria shown on pages iv and v.)
- y. **Block 22.** Work Experience—Describe your current or most recent work experience in Block 22A and work backwards. Use a separate block for each position described (e.g., Block 22A, Block 22B, etc.). Describe all of your work experience in **specific detail** that pertains to your qualifications for the designation(s) sought. Describe each applicable position you held during **at least** the past 5 years. You may describe work experience accrued more than 5 years ago. Include military service if your military experience is pertinent to your application for an examiner designation.
  - (1) Complete the name, address, and telephone number of the employer/organization.
  - (2) Job Title: Self-explanatory.
  - (3) Dates Employed: Enter the dates of employment.
  - (4) Supervisor's Name: Self-explanatory.
  - (5) Reason for Leaving: Self-explanatory.
  - (6) Description of Duties: Enter a complete description of the duties performed during this period of employment.
- z. **Block 23**. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot examiner.—Self-explanatory.
- aa. **Block 24**. During the past 5 years, were you fired from any job for any reason?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- bb. **Block 25.** Have you ever been convicted of any felony violation?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- cc. **Block 26.** Are you now under charges for any violation of law?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31
- dd. **Block 27**. Have you ever been imprisoned, been on probation, or been on parole?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- ee. **Block 28**. Have you ever been convicted by a military court-martial?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- ff. **Block 29.** Have you ever been discharged from a military service under a General discharge?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- gg. **Block 30.** Have you ever been discharged from a military service under other than honorable conditions?—**NOTE:** If you answer "YES," you MUST enter the full details in Block 31.
- hh. **Block 31.** If you answered "YES" to any questions in Blocks 24 through 30, you MUST enter the full details.
- ii. **Block 32**. Education and Training—Are you a high school graduate? (If "YES," enter the name of the high school and the date you graduated.) Are you a GED graduate? (If "YES," enter the date you received the GED.)
  - (1) College and/or Technical Training Dates: Enter the beginning and ending dates of the training that you attended.
  - (2) Name of School: Enter the name of the school(s) you attended.
  - (3) Curriculum or Study Program: Enter the curriculum or study program for each school(s) listed.
  - (4) Degree or Certificate Received: Enter degrees or certificates you received from each school(s) listed.
- jj. **Block 33**. Applicant's Signature—After you read the "**RELEASE OF INFORMATION AND CERTIFICATION STATEMENT**" and the "**NOTICE**," sign the application, in black ink. After you sign your name, print or type your name under your signature. Enter the date you signed the application using eight-digit, numeric characters (e.g., 08/09/1999 not August 9, 1999).

Supplemental Information and Instructions (Continued)

## LIST OF FLIGHT STANDARDS DISTRICT OFFICES

ALASKAN	N REGION (AAL)	GREAT LAK	ES REGION (AGL)	SOUTHE	RN REGION (ASO)	WESTERN PAG	CIFIC REGION (AWP)
ANC FSDO-03	ANCHORAGE, AK	CLE FSDO-25	CLEVELAND, OH	ATL FSDO-11	COLLEGE PARK/	FAT FSDO-17	FRESNO, CA
FAI FSDO-01	FAIRBANKS, AK	CMH FSDO-07	COLUMBUS, OH		ATLANTA, GA	HNL FSDO-13	HONOLULU, HI
JNU FSDO-05	JUNEAU, AK	CVG FSDO-05	CINCINNATI, OH	BHM FSDO-09	BIRMINGHAM, AL	LAS FSDO-19	LAS VEGAS, NV
		DPA FSDO-03	WEST CHICAGO,	BNA FSDO-03	NASHVILLE, TN	LAX FSDO-23	LOS ANGELES, CA
CENTRAI	L REGION (ACE)		IL	CAE FSDO-13	WEST COLUMBIA, SC	LGB FSDO-05	LONG BEACH, CA
DSM FSDO-01	DES MOINES, IA	DTW FSDO-23	BELLEVILLE, MI	FLL FSDO-17	FT. LAUDERDALE, FL	OAK FSDO-27	OAKLAND, CA
ICT FSDO-07	WICHITA, KS	FAR FSDO-21	FARGO, ND	TPA-FSDO-35	TAMPA, FL	RAL FSDO-21	RIVERSIDE, CA
LNK FSDO-09	LINCOLN, NE	GRR FSDO-09	GRAND RAPIDS,	INT FSDO-05	WINSTON-SALEM, NC	RNO FSDO-11	RENO, NV
MCI FSDO-05	KANSAS CITY, MO		MI	JAN FSDO-07	JACKSON, MS	SAC FSDO-25	SACRAMENTO, CA
STL FSDO-03	ST. ANN/	IND FSDO-11	INDIANAPOLIS, IN	LOU FSDO-01	LOUISVILLE, KY	SAN FSDO-09	SAN DIEGO, CA
	ST. LOUIS, MO	MKE FSDO-13	MILWAUKEE, WI	MEM FSDO-25	MEMPHIS, TN	SDL FSDO-07	SCOTTSDALE, AZ
		MSP FSDO-15	MINNEAPOLIS,	MIA FSDO-19	MIAMI, FL	SJC FSDO-15	SAN JOSE, CA
EASTERN	REGION (AEA)		MN	ORL FSDO-15	ORLANDO, FL	VNY FSDO-01	VAN NUYS, CA
ABE FSDO-05	ALLENTOWN, PA	ORD FSDO-31	SCHILLER PARK,	CLT FSDO-33	CHARLOTTE, NC	SFO FSDO-03	SAN FRANCISCO,
FRG FSDO-11	FARMINGDALE,		IL	SJU FSDO-21	SAN JUAN, PR		CA
	NY	RAP FSDO-27	RAPID CITY, SD	TPA FSDO	TAMPA, FL		
AGC FSDO-03	W. MIFFLIN/	SBN FSDO-17	SOUTH BEND, IN			INTERNATIO	NAL FIELD OFFICE
	PITTSBURGH, PA	SPI FSDO-19	SPRINGFIELD, IL	SOUTHWI	EST REGION (ASW)		LIST
ALB FSDO-01	ALBANY, NY			ABQ FSDO-01	ALBUQUERQUE, NM	FRA IFO-EA33	FRANKFURT
BAL FSDO-07	BALTIMORE, MD	NEW ENGLA	ND REGION (ANE)	BTR FSDO-03	BATON ROUGE, LA	SIN IFO-WP33	SINGAPORE
CRW FSDO-09	CHARLESTON, WV	BED FSDO-01	BEDFORD, MA	DAL FSDO-05	DALLAS, TX	BRX IFO-EA31	BRUSSELS
DCA FSDO-27	CHANTILLY, VA	BDL FSDO-03	WINDSOR LOCKS,	DFW FSDO-07	DALLAS, TX	LGW IFO-EA35	LONDON
	WASH, DC		CT	FTW FSDO-19	FT. WORTH, TX	MIA IFO-SO23	MIAMI SPNGS, FL
HAR FSDO-13	NEW	BOS FSDO-02	BOSTON, MA	HOU FSDO-09	HOUSTON, TX	DFW IFO-SW23	DALLAS, TX
	CUMBERLAND/	PWM FSDO-05	PORTLAND, ME	LBB FSDO-13	LUBBOCK, TX		
	HARRISBURG, PA			LIT FSDO-11	LITTLE ROCK, AR		
PHL FSDO-17	PHILADELPHIA,PA		EST MOUNTAIN	OKC FSDO-15	OKLA. CITY, OK		
NYC FSDO-15	GARDEN CITY, NY		ON (ANM)	SAT FSDO-17	SAN ANTONIO, TX		
PIT FSDO-19	CORAOPOLIS/	BOI FSDO-11	BOISE, ID				
	PITTSBURGH, PA	CPR FSDO-04	CASPER, WY				
RIC FSDO-21	SANDSTON/	DEN FSDO-03	DENVER, CO				
	RICHMOND, VA	GEG FSDO-13	SPOKANE, WA				
ROC FSDO-23	ROCHESTER, NY	HLN FSDO-05	HELENA, MT				
TEB FSDO-25	TETERBORO, NJ	PDX FSDO-09	HILLSBORO/				
NY IFO-29	JAMAICA, NY		PORTLAND, OR				
		SEA FSDO-01	SEATTLE, WA				
		SLC FSDO-07	SALT LAKE CITY,				
			UT				
		DEN FSDO-30	DENVER, CO				
1							

# SPECIFIC ELIGIBILITY REQUIREMENTS FOR PRIVATE PILOT EXAMINER (PE) DESIGNEES

ELIGIBILITY REQUIREMENTS	AIRPLANE	ROTORCRAFT	GLIDERS	L-T-A AIRSHIPS	L-T-A BALLOON
CERTIFICATES REQUIRED	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Commercial Pilot	Commercial Pilot
CERTIFICATE CATEGORIES	Both with Airplane category	Both with Rotorcraft category	Both with Glider category	Lighter Than Air	Lighter Than Air
RATINGS	Both with appropriate airplane class rating(s) Instrument-Airplane on pilot certificate only	Helicopter or Gyroplane class rating(s), as appropriate		Airship class rating	Balloon class rating
HOURS AS PIC	2,000 • 1,000 in airplanes that include 300 in past year • 300 in airplane class • 100 at night	1,000 • 500 in rotorcraft that include at least 100 in past year • 250 in helicopters or 150 in gyroplanes, as appropriate	• 200 in gliders that include 10 hours in past year of at least 10 flights	1,000 • 500 in airships that include at least 200 in past year • 50 at night	200 • 100 in balloons that include 20 hours in past year of at least 10 flights each of at least 30 minutes duration
HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)	500 in airplanes • 100 in class	200 in helicopters or gyroplanes, as appropriate	100 in gliders	100 in airships	50 in balloons • 10 in past year

Supplemental Information and Instructions (Continued)

## SPECIFIC ELIGIBILITY REQUIREMENTS FOR COMMERCIAL PILOT EXAMINER (CE) DESIGNEES

ELIGIBILITY REQUIREMENTS	AIRPLANE	ROTORCRAFT (VFR ONLY)	GLIDERS	L-T-A AIRSHIPS	L-T-A BALLOON
CERTIFICATES REQUIRED	AIM LANE	Commercial Pilot Flight	Commercial Pilot	Commercial Pilot	Commercial Pilot
		Instructor	Flight Instructor		
CERTIFICATE		Both with Rotorcraft category	Both with Glider	Lighter-Than-Air	Lighter-Than-Air
CATEGORIES			category		_
RATINGS		Helicopter or Gyroplane class		Airship class rating	Balloon class rating
		rating(s), as appropriate			
HOURS AS PIC		2,000	500	2,000	200
		<ul> <li>500 in rotorcraft that</li> </ul>	• 250 in gliders that	<ul> <li>500 in airships that</li> </ul>	• 100 in balloons that
		include at least 100 in past	include at least 20	include at least 200	include at least 20
		year	hours in the past	in past year	hours in past year of
		• 250 in helicopters or 150 in	year of at least 50	• 50 at night	at least 10 flights
		gyroplanes, as appropriate.	flights		each of at least 30
		• If applicable, 100 in large			minutes duration
		helicopters that include 50 in			Held a Commercial
		the type helicopter sought,			Pilot Certificate-
		and 25 in each additional			Balloon for at least 1
TANKE A CONTROLLER		type sought	200	1001 111	year
HOURS AS FLIGHT		200 in helicopters or	200	100 in airships	50 in balloons
INSTRUCTOR (as a CFI or		gyroplanes, as appropriate.	• 100 in gliders		• 10 in the past year
as a Military Flight Instructor)		• 50 in helicopters or			
		gyroplanes, as appropriate,			
		preparing pilots for a			
		Commercial Pilot Certificate	1		

#### SPECIFIC ELIGIBILITY REQUIREMENTS FOR COMMERCIAL AND INSTRUMENT RATING EXAMINER (CIRE) AND AIRLINE TRANSPORT PILOT EXAMINER (ATPE) DESIGNEES

	TYPE OF CIRE DESIGNAT	TION	TYPE OF ATPE DESIGNATION			
ELIGIBILITY REQUIREMENTS	AIRPLANE & INSTRUMENT	HELICOPTER & INSTRUMENT	AIRPLANE	HELICOPTER		
CERTIFICATES REQUIRED	Commercial Pilot Flight Instructor	Commercial Pilot Flight Instructor	Airline Transport Pilot Flight Instructor	Airline Transport Pilot Flight Instructor		
CERTIFICATE CATEGORIES	Both with Airplane category	Both with Rotorcraft category	Both with Airplane category	Both with Rotorcraft category		
RATINGS	Both with appropriate airplane class ratings and Instrument-Airplane	Helicopter class rating; Instrument-Helicopter	Both with appropriate airplane class rating(s) and instrument privileges on ATP and Instrument- Airplane on CFI	Both with Helicopter rating and instrument privileges on ATP and Instrument-Helicopter on CFI		
HOURS AS PIC	2,000  • 1,000 in airplanes that include 300 in airplanes in past year  • 500 in class of airplane  • 100 at night in airplanes  • 200 in complex airplanes  • 100 instrument flight (actual or simulated)  • If applicable, 300 in large or turbine-power airplanes, that include 50 in type sought and 25 in each additional type sought	2,000 • 500 in helicopters that include 100 in helicopters in past year • 100 instrument flight (actual or simulated) • If applicable, 100 in large helicopters, that include 50 in type sought and 25 in each additional type sought	2,000  1,500 in airplanes, that include 300 in airplanes in past year  500 in class airplane  100 at night in airplanes  200 complex airplanes  100 instrument flight (actual or simulated)  If applicable, 300 in large or turbine-power airplanes, that include 50 in type sought and 25 in each additional type sought	2,000 • 1200 in helicopters, that include 100 in helicopters in past year • 100 instrument flight (actual or simulated) • If applicable, 100 in large helicopters, that include 50 in type sought and 25 in each additional type sought		
HOURS AS FLIGHT INSTRUCTOR (as a CFI or as a Military Flight Instructor)	500 in airplanes  100 in class of airplane  250 instrument flight instructor time, that includes 200 in airplanes	250 in helicopters  • 50 instrument flight instruction in helicopters  • 100 preparing pilots for Commercial Pilot-Helicopter	500 in airplanes  • 100 in class of airplane  • 250 instrument flight instructor time, that include 200 in airplanes  • 150 preparing pilots for Commercial Pilot or ATP with airplane category or type rating or Instrument- Airplane rating	250 in helicopters  • 50 of instrument flight instruction in helicopters  • 100 in helicopters preparing pilots for Commercial Pilot Certificate or ATP Certificate with a Helicopter class or type rating or Instrument-Helicopter rating		

NATIONAL EXAMINER	R BOARD-DESIGNATI	ED PILOT EX	AMI	NER CAN	NDIDATE A	APPLICA'	TION		
U.S. Department of Transportation Federal Aviation Administration									
1. Name (Last, First, Middle)—			2. Social Security Number— 2A. Date of Bi				f Birth—		
				-	-				
3. Permanent Mailing Address—			4 T	olophono N	lumbore			<u> </u>	
3. Fermanent Mannig Address—			4. Telephone Numbers— Home Phone: ( )						
City: State:	Zip Code:	:		ness Phone		)			
5. This application is for:—  Initial Application for NEB	6. Have you ever held an I designation in any region? (If "Yes," enter the date(s) FSDO.)	_	er		of designation PE	(s) sought:-	-		
Renewal Application for NEB	YES	NO			CE				
Reinstatement (other than initial designating FSDO) for NEB	_			ATPE CIRE					
	FSDO:								
8. Enter the categories, classes, and types of aircraft for which authorization is sought.—					the names of xaminer servi				
11. Has any certificate or rating issued to you ever (If "YES," describe the circumstances.)  YES  NO	been revoked?—	12. Have you ha (If "YES," descr	ribe th			idents withi	n the pas	t 5 years	?
13. Are you a U.S. citizen?—	14. If you are NOT a U.S. country in which you hold hold dual citizenship, indic both countries.—	citizenship. If yo	ou	15. Do yo fluently?-			understa	ınd Engli	ish
YES NO			-		YES	NO			
16. FAA certificates held—You MUST provide co	ertificates. Number		Ratin	gs and Limit	ations (as sh	nown on t	he certif	icate)	
17. Enter all of your special training which is perti-	inent to the designation sough	nt.—							

(If "YES," enter	the date(s).)						Code of Federal R	Regulations (14 CFR) part 14	·1?—
YE	S NO	Fro	om (mo/yr):	To (mo/y	yr):				
<b>18B.</b> Have you (If "YES," enter			an authorized unde	er Title 14 of the Co	ode of Fed	eral Regulations (1	4 CFR) part 121 a	and/or part 135?—	_
YES NO From (mo/yr): To (mo/yr): FSDO:									
•				-(If "YES," enter th					
YES	NO	From (	mo/yr):	To (mo/yr):_		FSDO:			
•		• •		," enter the date(s).					
YES				_ To (mo/yr):					
20. Have you b	een an FAA Ac	ccident Preve	ention Counselor o	or FAA Aviation Sa	fety Coun	selor?—(If "YES,"	enter the date(s) a	and the FSDO.)	
YES	NO	From (mo/y	/r):	_To (mo/yr):		FSDO:			
(i.e., $\pm$ ). Do not	write in the sha strument flight	ded areas. A	Answer Blocks 21	urs), as requested. A through 21I, if ap	plicable.	NOTE: Total flig	ht instruction	21A. Enter turbine-po airplanes and or large helicopters.—	wered large
			Total (Non- Instrument)				Flight		
Aircraft Class/	PIC	PIC Last	Flight Instruction Given (Civilian/	Instrument Flight	PIC	Instrument Flight (Actual/	Instruction Given (Balloons Last		PIC
Experience	Total	12 Mos.	Military)	Instruction Given	Night	Simulated)	12 Mos.)	Aircraft Make and Model	Total
ASEL			/			/			
AMEL			/			/			
ASES			/			/			
AMES			/			/			
Helicopter			/			/			
Gyroplane									
Glider									
Airship									
Balloon									
21B. Enter num	ber of glider flig	ghts as PIC v	within the past yea	r.—					
21C. Enter num	ber of balloon f	lights as PIC	that were at least	30 minutes duratio	n within t	he past year.—			

21D. Enter number of hours as PIC in complex airplan	es.—						
21E. Enter number of hours flight instruction given in rotorcraft preparing pilots for commercial pilot certificate.—							
21F. Enter date your commercial balloon certificate wa	as acquired.—						
21G. Enter number of hours flight instruction given in	airplanes preparing pilots for an ATP certificate, an instr	rument rating, or a type rating.—					
21H. Enter number of hours flight instruction given in	helicopters preparing pilots for an ATP certificate, an ins	strument rating, or a type rating.—					
211. Enter number of pilot and/or flight instructor certi	fication practical tests completed within the past year (as	FAA Aviation Safety Inspector).—					
(e.g., Block 22A, Block 22B, etc.). Describe all of your	ecent work experience in Block 22A and work backward r work experience in <b>specific detail</b> that pertains to your st 5 years. You may describe work experience accrued n an examiner designation.	qualifications for the designation(s) sought. Describe					
22A. Name of Employer/Organization:		Telephone Number ( )					
Address:		Number ( )					
City:	Sta	te: Zip Code:					
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:					
Reason for Leaving:	rioni: 10:						
Description of Duties:							
<b>22B</b> . Name of Employer/Organization:		Telephone Number ( )					
Address:							
City:	Sta	tte: Zip Code:					
Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:					
Reason for Leaving:	10.						
Description of Duties:							
<b>22C.</b> Name of Employer/Organization:		Telephone Number ( )					
Address:							
City:	Sta	te: Zip Code:					

Job Title:	Dates Employed (mo/yr): From: To:	Supervisor's Name:	
Reason for Leaving:			
Description of Duties:			
<b>22D.</b> Name of Employer/Organization:		Telephone Number ( )	
Address:		Titaliou ( )	
City:	Sta	te: Zip Code:	
Job Title:	Dates Employed (mo/yr):	Supervisor's Name:	
Reason for Leaving:	From: To:		
Description of Duties:			
22E. Name of Employer/Organization:		Telephone	
Address:		Number ( )	
City:	Sta	te: Zip Code:	
Job Title:	Dates Employed (mo/yr):	Supervisor's Name:	
Reason for Leaving:	From: To:		
Description of Duties:			
22F. Name of Employer/Organization:		Telephone	
Address:		Number ( )	
City:	Sta	te: Zip Code:	
Job Title:	Dates Employed (mo/yr):	Supervisor's Name:	
Reason for Leaving:	From: To:	Super risor of range.	
Description of Duties:			

23. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a designated pilot examiner.— **24.** During the past 5 years, were you 25. Have you ever been convicted of **26.** Are you now under charges for 27. Have you ever been imprisoned, fired from any job for any reason?any felony violation?any violation of law?been on probation, or been on parole?-YES NO YES NO 28. Have you ever been convicted by a military 29. Have you ever been discharged from a military 30. Have you ever been discharged from a military court-martial?service under a General discharge?service under other than honorable conditions?— 31. If you answered "YES" to any questions in Blocks 24 through 30, you MUST enter the full details. 32. Education and Training— Are you a high school graduate? YES Name of High School:\_ Date Graduated (mo/yr):\_ Date received GED (mo/yr):\_ Are you a GED graduate? YES NO College and/or Technical Training Dates: Name of School: Curriculum or Study Program: Degree or Certificate Received: From (mo/yr): To (mo/yr): RELEASE OF INFORMATION AND CERTIFICATION STATEMENT— Read this statement CAREFULLY. After you read this statement, you MUST sign and date this application in black ink. Under your signature, you MUST print or type your name. I understand that a false statement on any part of this application will be grounds for not approving this application, for rescinding my eligibility as an examiner candidate, for not designating me, or terminating any designation I may receive. I understand that any information given may be investigated. I consent to the release of information regarding my personal and technical qualifications for designation as a pilot examiner by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, employees of the Federal government, and persons not employed by the Federal government to whom the FAA has delegated the authority to screen and approve or disapprove pilot examiner applicants. I understand that, if my application is accepted, approval for assignment to the national examiner candidate pool is dependent on my passing the examiner predesignation knowledge test with a score of 80 percent or higher. I understand that assignment to the national examiner candidate pool does not guarantee selection or designation as a pilot examiner and that, if selected, designation is dependent on satisfactory completion of a practical test (demonstration of competency) and satisfactory completion of the Initial Pilot Examiner Standardization Seminar. I understand that my FAA accident/incident/violation history will be verified at each stage of the application process. I understand that designation as a pilot examiner is a privilege, not a right, and that any designation received may be terminated, revoked, or not renewed at any time for any reason the FAA Administrator deems appropriate. I certify that, to the best of my knowledge and belief, all of my statements on this application are true, correct, complete, and made in good faith.

33. Applicant's Signature —(Sign application in black ink.) —NOTICE—Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).	Date signed—(Month, Day, Year)
(Print or type your name under your signature.)	

	FOR NAT	IONAL EX	KAMINER BOA	RD USE ONLY	
(For Original Issuance Only)					
Accepted for Predesigna	ation Testing	Not Qualified	Date:		
Predesignation Test Scor	re:	_	Date of Test:		
Approved for Pool	Disapproved for Poo	1	Date:		
Signature of NEB Official:			Title:		
Referred to:  Selected Decl	FSDO lined			Date: Date:	
FOR FSDO USE ONLY: FAA	Form 8710-6 may be use	d for renewals, ad	lditional authorizations, ar	nd/or reinstatements.	
Inspector's Recommendation:	App	prove Disa	approve		
Reason for Disapproval (Attach	additional sheets, if requi	red.):			
The individual submitting this ap	pplication has satisfactori	ly demonstrated c	ompetency to perform the	eduties of the following designation(s):	
PE Aircraft Categories:	CE	CIRE	ATPE	FIE (Must have 1 year as CE/CIRE.)	
Airplane	Rotorcraft	Glider	Lighter-Than-A	ir	
Additional Qualifications/Lim	itations (if any):				
Inspector's Signature:		D	ate:	FSDO:	
Regional Office:	D:			Divi	
**	Disapprove			Date:	
Signature:				Routing Symbol:	
FSDO: Certificate of Authority	y Issued: Date: _			FSDO:	
Examiner Number:				Expiration Date:	
LOA(s) Issued:					
Additional FSDO's to be served	by the eveniner (if any)				
Additional FSDO's to be served	by the examiner (if any):				