

DIGITAL SIGNATURE EXAMPLE

TYPE OR PRINT ALL ENTRIES IN DARK INK

OMB Control Number: 2120-0022

Expiration Date: 12/31/2025

| Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65) | | | | BOXES MUST BE CHECKED OFF FOR AREAS OF TESTING | |
|---|----------------------------------|--|--|--|---|
| <input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING <input type="checkbox"/> OTHER _____ | | <input checked="" type="checkbox"/> MECHANIC <input checked="" type="checkbox"/> Airframe <input checked="" type="checkbox"/> Powerplant | | <input type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> SENIOR <input type="checkbox"/> MASTER <input type="checkbox"/> Seat <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Lap | |
| I. APPLICANT INFORMATION | | | | | |
| A. Name (Last, First, Middle) Doe, John, Smith | | B. Date of Birth (MM/DD/YYYY) 04/10/1992 | | C. Place of Birth (City and State) or (City and Country) Appleton, WI | |
| D. Height (Inches) 59 | E. Weight (Pounds) 250 | F. Hair Color (spell out) Red | G. Eye Color (spell out) Green | H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____ |
| J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 123 Sesame St. Appleton, WI 12345 | | J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1. | | K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: _____ L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| N. Have you ever been convicted of violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): _____ | | | | | |
| II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or D (Master Rigger only) below. | | | | | |
| <input checked="" type="checkbox"/> A. MECHANIC - CIVIL EXPERIENCE | | | | | |
| <input type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE | | B1. Military Service: (Branch) | | B2. Military Rank/Grade: | |
| B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant | | B5. Completion Date (MM/DD/YYYY) | | B3. Military Specialty Code(s): | |
| <input type="checkbox"/> C. MECHANIC – AMTS TRAINING COURSE | | C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT | | | |
| C2. AMTS Certificate Number | C3. AMTS Name | | C4. AMTS Location (City, State) | | |
| C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant | | C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80) | | C9. Date (MM/DD/YYYY) | |
| C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80. | | C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign) | | | |
| <input type="checkbox"/> D. PARACHUTE RIGGER | | D1. Number of Parachutes Packed Seat _____ Chest _____ Back _____ Lap _____ | | D2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger | |
| III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience. | | | | | |
| 1. DATE FROM (MM/YYYY) | 2. DATE TO (MM/YYYY) | 3. EMPLOYER AND LOCATION (Employer Name, City, State) | | 4. TYPE OF WORK PERFORMED (Describe work performed, not job title) | |
| 02/2016 | 03/2022 | USAF, Little Rock, AK | | C130 Crew Chief, Aircraft maintenance, Inspection | |
| 04/2022 | 11/2024 | Willi Wonka Aircraft Co. London, England | | Inspections and aircraft maintenance | |
| IV. APPLICANT'S CERTIFICATION This section is completed by the applicant at the time application is made. | | | | | |
| 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 received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form. | | | | | |
| Applicant's Signature | | FORM MUST HAVE A WET SIGNATURE ON FORM | | DATE MUST MATCH OR REFLECT THE DATE BEFORE FAA INSPECTOR SIGNED DATE Date (MM/DD/YYYY) 11/13/2024 | |
| V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests. | | | | | |
| <input type="checkbox"/> § 65.77 – Mechanic test authorization based on experience. | | <input type="checkbox"/> § 65.80 – Special authorization to take Mechanic's oral/practical test (AMTS student applicants only) | | Date § 65.80 Test Auth. Expires (Must be prior to date in block C6) (MM/DD/YYYY) | |
| FAA Signature (Print Name and Sign) Jane Doe | | Digitally signed by JANE DOE Date: 11/13/2024 12:51:19 -05'00' | | Date (MM/DD/YYYY) 11/13/2024 | |
| | | | | FAA Office/Designation No. AB12 | |

APPLICANT INFORMATION (Required if application is printed on 2 pages)

| | | |
|---|-----------------------------|------------------------------|
| Name (as shown on page 1 of application): | Date of Birth (MM/DD/YYYY): | Certificate Number (if any): |
|---|-----------------------------|------------------------------|

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

| Mechanic | | | | Parachute Rigger | | | |
|---|-------------------------------|------------------|-------------------------------|---------------------------------|-------|-------------------------------|-------------------------------|
| I.GENERAL If the test is failed, enter the ACS codes missed in the blocks provided. | | | | | | | |
| Oral Test | <input type="checkbox"/> PASS | EXPIRATION DATE: | <input type="checkbox"/> FAIL | TYPE | SEAT | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL |
| ACS Code | | | | | BACK | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL |
| | | | | | CHEST | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL |
| | | | | | LAP | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL |
| Practical Test | <input type="checkbox"/> PASS | EXPIRATION DATE: | <input type="checkbox"/> FAIL | PARACHUTE SEAL SYMBOL ASSIGNED: | | | |
| ACS Code | | | | REMARKS | | | |
| II.AIRFRAME If the test is failed, enter the ACS codes missed in the blocks provided. | | | | | | | |
| Oral Test | <input type="checkbox"/> PASS | EXPIRATION DATE: | <input type="checkbox"/> FAIL | | | | |
| ACS Code | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Practical Test | <input type="checkbox"/> PASS | EXPIRATION DATE: | <input type="checkbox"/> FAIL | | | | |
| ACS Code | | | | | | | |
| III.POWERPLANT If the test is failed, enter the ACS codes missed in the blocks provided. | | | | | | | |
| Oral Test | <input type="checkbox"/> PASS | EXPIRATION DATE: | <input type="checkbox"/> FAIL | | | | |
| ACS Code | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Practical Test | <input type="checkbox"/> PASS | EXPIRATION DATE: | <input type="checkbox"/> FAIL | | | | |
| ACS Code | | | | | | | |

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

| | |
|---|-------------------|
| A. Have you ever had an FAA airman certificate suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| B. 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Date of Final Conviction: _____ | |
| 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 a part of the basis for issuance of any FAA certificate to me. I have received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form. | |
| Applicant's Signature | Date (MM/DD/YYYY) |

FAA EXAMINER'S REPORT

| | | |
|---|--|--|
| I have <u>tested this applicant</u> in accordance with pertinent procedures and standards and I have indicated the result as: | | |
| <input type="checkbox"/> APPROVED (Temporary Certificate Issued) | <input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued) | <input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED <input type="checkbox"/> DISAPPROVED |
| FAA Signature (Print Name and Sign) | Date (MM/DD/YYYY) | FAA Office/Designation No. |
| I have <u>examined this applicant's papers</u> and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued) | | |
| FAA Signature (Print Name and Sign) | Date (MM/DD/YYYY) | FAA Office/Designation No. |

ATTACHMENTS

| | |
|--|--|
| <input type="checkbox"/> Knowledge Test Report(s) | <input type="checkbox"/> Temporary Certificate |
| <input type="checkbox"/> Test Planning Sheet | <input type="checkbox"/> Statement of Additional Instruction |
| <input type="checkbox"/> Graduation/Completion Certificate | <input type="checkbox"/> Other see Remarks block |

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

| | |
|------------|------------------|
| Form of ID | State or Country |
| ID Number | Expiration Date |
| Telephone | Email |

FAA FILE REVIEW (For FAA Office Use Only)

| | | |
|--|-------------------|------------|
| FAA Signature (Print Name and Sign) | Date (MM/DD/YYYY) | FAA Office |
|--|-------------------|------------|

WET SIGNATURE EXAMPLE

TYPE OR PRINT ALL ENTRIES IN DARK INK

OMB Control Number: 2120-0022

Expiration Date: 12/31/2025

| Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger (14 CFR Part 65) | | | |
|---|---------------------------|--|--|
| BOXES MUST BE CHECKED OFF FOR AREAS OF TESTING | | | |
| <input checked="" type="checkbox"/> ORIGINAL ISSUANCE <input type="checkbox"/> ADDED RATING <input type="checkbox"/> OTHER | | <input checked="" type="checkbox"/> MECHANIC <input checked="" type="checkbox"/> Airframe <input checked="" type="checkbox"/> Powerplant | |
| <input type="checkbox"/> PARACHUTE RIGGER <input type="checkbox"/> SENIOR <input type="checkbox"/> MASTER | | <input type="checkbox"/> Seat <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Lap | |
| I. APPLICANT INFORMATION | | | |
| A. Name (Last, First, Middle) Doe, John, Smith | | B. Date of Birth (MM/DD/YYYY) 04/10/1992 | |
| C. Place of Birth (City and State) or (City and Country) Appleton, WI | | | |
| D. Height (Inches) 59 | E. Weight (Pounds) 250 | F. Hair Color (spell out) Red | G. Eye Color (spell out) Green |
| H. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | I. Citizenship / Nationality <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: | |
| J1. Physical Location/Address (Required) <input type="checkbox"/> Directions are attached. 123 Sesame St. Appleton, WI 12345 | | J2. Mailing Address (Will show on certificate) <input checked="" type="checkbox"/> Same as J1. | |
| K. Do you now hold or have you ever held an FAA airman certificate? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Certificate type and number: | | L. Have you ever had an FAA airman certificate suspended or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| M. Do you read, write, speak, and understand the English language? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| N. Have you ever been convicted of violation of any Federal or State statutes relating to narcotic drugs, marijuana, depressant or stimulant drugs or substances? Refer to § 65.12 and § 91.19(a) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Date of Final Conviction (MM/DD/YYYY): | | | |
| II. APPLICATION BASIS Complete Section III, Record of Experience, when application basis is A, B or D (Master Rigger only) below. | | | |
| <input checked="" type="checkbox"/> A. MECHANIC - CIVIL EXPERIENCE | | | |
| <input type="checkbox"/> B. MECHANIC - MILITARY EXPERIENCE | | | |
| B1. Military Service: (Branch) | | B2. Military Rank/Grade: | B3. Military Specialty Code(s): |
| B4. JSAMTCC Curriculum Completed: <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant | | B5. Completion Date (MM/DD/YYYY) | B6. JSAMTCC Certificate Control No. |
| <input type="checkbox"/> C. MECHANIC – AMTS TRAINING COURSE | | | |
| C1. Select Basis: <input type="checkbox"/> AMTS GRADUATE <input type="checkbox"/> AMTS § 65.80 APPLICANT | | C4. AMTS Location (City, State) | |
| C2. AMTS Certificate Number | C3. AMTS Name | | |
| C5. AMTS Curriculum Graduated: (or Curriculum enrolled if § 65.80) <input type="checkbox"/> Airframe <input type="checkbox"/> Powerplant <input type="checkbox"/> Airframe & Powerplant | | C6. Graduation Date (MM/DD/YYYY) (Proposed date if § 65.80) | |
| C7. <input type="checkbox"/> The AMTS affirms that this student has made satisfactory progress and is recommended to take the Oral/Practical test under 14 CFR part 65.80. | | C8. School Officials Signature (For § 65.80 authorization only) (Print Name and Sign) | |
| C9. Date (MM/DD/YYYY) | | | |
| <input type="checkbox"/> D. PARACHUTE RIGGER | | | |
| D1. Number of Parachutes Packed Seat Chest Back Lap | | D2. Packed as a: (For Master Parachute Rigger Only) <input type="checkbox"/> Military Parachute Rigger <input type="checkbox"/> Senior Parachute Rigger | |
| III. RECORD OF EXPERIENCE Continue additional information on a separate sheet if necessary. <input type="checkbox"/> Mark this box if separate sheet attached for additional experience. | | | |
| 1. DATE FROM (MM/YYYY) | 2. DATE TO (MM/YYYY) | 3. EMPLOYER AND LOCATION (Employer Name, City, State) | 4. TYPE OF WORK PERFORMED (Describe work performed, not job title) |
| 02/2016 | 03/2022 | USAF, Little Rock, AK | C130 Crew Chief, Aircraft maintenance, Inspection |
| 04/2022 | 11/2024 | Willi Wonka Aircraft Co. London, England | Inspections and aircraft maintenance |
| IV. APPLICANT'S CERTIFICATION This section is completed by the applicant at the time application is made. | | | |
| 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 received the <u>Pilot's Bill of Rights Written Notification of Investigation</u> that accompanies this form. I have also read and understand the <u>Privacy Act statement</u> that accompanies this form. | | | |
| Applicant's Signature John Smith | | DATE MUST MATCH OR REFLECT THE DATE BEFORE FAA INSPECTOR SIGNED DATE Date (MM/DD/YYYY) 11/13/2024 | |
| V. FAA ENDORSEMENT: I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests. | | | |
| <input type="checkbox"/> § 65.77 – Mechanic test authorization based on experience. | | <input type="checkbox"/> § 65.80 – Special authorization to take Mechanic's oral/practical test (AMTS student applicants only) | |
| Date § 65.80 Test Auth. Expires (Must be prior to date in block C6) (MM/DD/YYYY) | | | |
| FAA Signature (Print Name and Sign) Jane Doe | | Date (MM/DD/YYYY) 11/13/2024 | |
| FORM MUST HAVE A WET SIGNATURE ON FORM | | FAA Office/Designation No. AB12 | |

APPLICANT INFORMATION (Required if application is printed on 2 pages)

| | | |
|---|---|------------------------------|
| Name (as shown on page 1 of application): Doe, John, Smith | Date of Birth (MM/DD/YYYY): 04/10/1992 | Certificate Number (if any): |
|---|---|------------------------------|

RESULTS OF ORAL AND PRACTICAL TESTS (For FAA Use Only)

| Mechanic | | Parachute Rigger | |
|--|---|---------------------------------|---|
| I. GENERAL If the test is failed, enter the ACS codes missed in the blocks provided. | | | |
| Oral Test | <input type="checkbox"/> PASS EXPIRATION DATE: <input type="checkbox"/> FAIL | SEAT | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| ACS Code | | BACK | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| | | CHEST | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| | | LAP | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| Practical Test | <input type="checkbox"/> PASS EXPIRATION DATE: <input type="checkbox"/> FAIL | PARACHUTE SEAL SYMBOL ASSIGNED: | |
| ACS Code | | | |
| II. AIRFRAME If the test is failed, enter the ACS codes missed in the blocks provided. | | REMARKS | |
| Oral Test | <input type="checkbox"/> PASS EXPIRATION DATE: <input type="checkbox"/> FAIL | | |
| ACS Code | | | |
| | | | |
| | | | |
| Practical Test | <input type="checkbox"/> PASS EXPIRATION DATE: <input type="checkbox"/> FAIL | | |
| ACS Code | | | |
| III. POWERPLANT If the test is failed, enter the ACS codes missed in the blocks provided. | | | |
| Oral Test | <input type="checkbox"/> PASS EXPIRATION DATE: <input type="checkbox"/> FAIL | | |
| ACS Code | | | |
| | | | |
| Practical Test | <input type="checkbox"/> PASS EXPIRATION DATE: <input type="checkbox"/> FAIL | | |
| ACS Code | | | |

APPLICANT'S CERTIFICATION This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

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| Applicant's Signature | Date (MM/DD/YYYY) |

FAA EXAMINER'S REPORT

| | | |
|---|--|--|
| I have <u>tested this applicant</u> in accordance with pertinent procedures and standards and I have indicated the result as: | | |
| <input type="checkbox"/> APPROVED (Temporary Certificate Issued) | <input type="checkbox"/> APPROVED (Temporary Certificate NOT Issued) | <input type="checkbox"/> 14 CFR § 65.80 – Oral/Practical PASSED <input type="checkbox"/> DISAPPROVED |
| FAA Signature (Print Name and Sign) | Date (MM/DD/YYYY) | FAA Office/Designation No. |
| I have <u>examined this applicant's papers</u> and I have indicated the result as: <input type="checkbox"/> APPROVED (Temporary Certificate Issued) | | |
| FAA Signature (Print Name and Sign) | Date (MM/DD/YYYY) | FAA Office/Designation No. |

ATTACHMENTS

| | |
|--|--|
| <input type="checkbox"/> Knowledge Test Report(s) | <input type="checkbox"/> Temporary Certificate |
| <input type="checkbox"/> Test Planning Sheet | <input type="checkbox"/> Statement of Additional Instruction |
| <input type="checkbox"/> Graduation/Completion Certificate | <input type="checkbox"/> Other <u>see Remarks block</u> |

APPLICANT IDENTIFICATION (ID) (Government Issued Photo ID)

| | |
|------------|------------------|
| Form of ID | State or Country |
| ID Number | Expiration Date |
| Telephone | Email |

FAA FILE REVIEW (For FAA Office Use Only)

| | | |
|--|-------------------|------------|
| FAA Signature (Print Name and Sign) | Date (MM/DD/YYYY) | FAA Office |
|--|-------------------|------------|