DIGITAL SIGNATURE EXAMPLE

TYPE OR PRINT ALL ENTRIES IN DARK INK

OMB Control Number: 2120-0022 Expiration Date: 12/31/2025

U.S. Deportment	Airman Ce	rtificate and/or	Rating A	pplica	tion –	Mec	hanic and	l Par	achute Rigger	
or fransportation Federal, Aviation Administration	14 CFR Part	BOXES MU	ST BE CHECK	(ED OFF I	OR AREA	S OF T	ESTING			
ORIGINAL ISSUAN ADDED RATING OTHER	ICE				ENIOR MASTER		at ☐ Chest ck ☐ Lap			
. APPLICANT INFORMA	TION									
A. Name (Last, First, Middle)		B. Date of Bi		^				State) or (City and Country)	
Doe, John, Smith			04/10/1992				Appleton, WI			
	E. Weight (Pounds)	F. Hair Color (spell out) Red	G. Eye Color (G. Eye Color (spell out) H. Sex X Male Green Female			I. Citizenship / Nationality 🗵 USA			
Physical Location/Action Directions are attached		J2. Mailing Address (v X Same as J1.	Will show on certificat	te)	_		or have you eve e type and numb		FAA airman certificate? 🔀 No	
123 Sesame St.	22.45					ever ha	d an FAA airman	certifica	te suspended No Yes	
Appleton, WI 1	2345					M. Do you read, write, speak, and understand the English No X Yes				
N. Have you ever beer Refer to § 65.12 and §		olation of any Federal or Sta	ate statutes rela of Final Convict			, marijua	ana, depressant o	or stimu	ant drugs or substances?	
I. APPLICATION BASIS	Complete Section II	, Record of Experience, when a	pplication basis is	A, B or D (M	aster Rigger	only) belo	ow.			
A. MECHANIC - CIV	IL EXPERIENCE	D4 A402		D3 84114	201		D2 NA:	litary Sp	erialty	
B. MECHANIC - MIL	ITARY EXPERIENC	B1. Military Service: (Branch)		B2. Milita Rank	/Grade:		The state of the s	de(s):	ecialty	
B4. JSAMTCC Curricu Completed:	lumAirframe	Powerplant Airframe	e & Powerplant		npletion Date M/DD/YYYY) B6. JSAMTCC Certificate Control No.					
C. MECHANIC – AN			C1. Select Bas	is: AMT	S GRADUA		AMTS § 65.80		NT	
C2. AMTS Certificat	e Number C3.	. AMTS Name			C	4. AM15	Location (City, Sta	te)		
C5. AMTS Curricului		Airframe Po	owerplant	Airframe 8	& Powerpla	nt (6. Graduation Da		D/YYY)	
C7. ☐ The AMTS affi satisfactory progres Oral/Practical test u	firms that this stu ss and is recomm	ended to take the	nool Officials Sig	nature (For			ly) (Print Name and Signal September 1)		C9. Date (MM/DD/YYY) S IF BOX IS CHECKED	
D. PARACHUTE RIG	GER D1. Nur	nber of Parachutes Packed			D		d as a: (For Master l		1	
	S	eat Chest	Back	Lap	Param count		ary Parachute Rig	And the state of t	Senior Parachute Rigger	
II. RECORD OF EXPERIE 1. DATE FROM (MM/YYY) 2		ditional information on a separa 3. EMPLOYER AND LOCATI			_				ed for additional experience. e work performed, not job title)	
L. DATE FROIVI (MM/YYY) 2	. DATE TO (MM/TTT)	3. EIVIPEOTER AND LOCATIO	ON (Employer Name	, city, state)						
02/2016	02/2016 03/2022 USAF, Little Rock			C130 Crew Chief, Aircraft main			aintenance, Inspection			
04/2022	Willi Wonka Aircraft	rcraft Co. London, England			Inspections and aircraft maintenance					
I certify that all state considered as part of this form. I have also	ments and answe the basis for issu read and under	uance of any FAA certificate stand the <u>Privacy Act staten</u>	application form to me. I have re nent that accom	are compleceived the	ete and tru Pilot's Bill	e to the of Right	s Written Notific DATE M	ation of UST MATO	nd I agree that they are to be Investigation that accompanie HOR REFLECT THE DATE BEFORE IGNED DATE Date (MM/DD/YYYY)	
Applicant's Signature	Joh	n Smu	th		MUST HA		VET		11/13/202	
. FAA ENDORSEMENT	: I find this applic	ant meets the experience re	equirements of :	14 CFR par	65 and is	eligible t	to take the requi	red tests		
☐ § 65.77 – Mecha authorization based or	nic test	☐ § 65.80 — Special authoral/practical test (AMTS s	orization to tak	e Mechanic	's Date	§ 65.80 (D/YYYY)	Test Auth. Expire	es (Must b	e prior to date in block C6)	
FAA Signature (Print Name	and Sign)	Digital	ly signed by JANE	DOF		Da	ate (MM/DD/YYYY)		FAA Office/Designation No.	
	J	ane Doe Digital Date: 1	1/13/2024 12:51:1	9 -05'00'		1	11/13/2024		AB12	

APPLICANT INFORMATION (Required if application is printed on 2 pages) Name (as shown on page 1 of application):	Date of E	Date of Birth (MM/DD/YYYY):			Certificate Number (if any):			
RESULTS OF ORAL AND	PRACTICAL TE	FSTS	For FAA Lise (Only)				
Mechanic	TRACTICALT]] [110111111111111111111111111111111111111	Ziiiy)	Parachute	Rigger		
I.GENERAL If the test is failed, enter the ACS codes missed in the blocks provide	ed.	1		SEAT	□ P		□ FAIL	
Oral Test PASS EXPIRATION DATE:	□ FAIL			BACK	□ p	PASS	□ FAIL	
ACS Code			TYPE	CHEST	□ P	PASS	□ FAIL	
				LAP	P		□ FAIL	
Description Test - Dags - Dags - Dags - Dags		┨	PARACHUTE SE			A33	- TAIL	
Practical Test	□ FAIL		PARACHUTE 3EA	AL STIVIBOL A	REMAR	ŔS		
II.AIRFRAME If the test is failed, enter the ACS codes missed in the blocks prov	vided.	[KLIVIAN	KS		
Oral Test	□ FAIL							
7.65 6566								
Practical Test PASS EXPIRATION DATE:	□ FAIL							
ACS Code								
III.POWERPLANT If the test is failed, enter the ACS codes missed in the blocks	provided.							
Oral Test PASS EXPIRATION DATE:	□ FAIL							
ACS Code								
Practical Test □PASS EXPIRATION DATE:	□FAIL	1						
ACS Code								
ADDICANT/S SEDIFICATION To the series of the least of the series of the] [·6: /5^^ 5	0050 4)		
APPLICANT'S CERTIFICATION This area is completed by the applicant at the tire. A. Have you ever had an FAA airman certificate suspended or revoked?	me of issuance □NO	or ti	· · · · · · · · · · · · · · · · · · ·	airman cert	ificate (FAA F	orm 8060-4).		
B.Have you ever been convicted for violation of any Federal or state statutes	relating to na							
drugs, marijuana, or depressant or stimulant drugs or substances?				e of Final Co				
I certify that all statements and answers provided by me on this application f considered as a part of the basis for issuance of any FAA certificate to me. I h								
this form. I have also read and understand the <u>Privacy Act statement</u> that acc			_				·	
Applicant's Signature						Date (MM/	DD/YYYY)	
FAA EXAMINER'S REPORT								
I have <u>tested this applicant</u> in accordance with pertinent procedures and sta					11-B-00==		CADDDOVED	
☐ APPROVED (Temporary Certificate Issued) ☐ APPROVED (Temporary Certificate FAA Signature (Print Name and Sign)	e NOT Issued)	□ 14	4 CFR § 65.80 –	-	M/DD/YYYY)		SAPPROVED Designation No.	
TAA Signature (thin the second)				Date (, ==, ,	TAA OIIIce/ D	resignation ivo.	
I have examined this applicant's papers and I have indicated the result as:	□ APPRO	OVED	(Temporary Certif		44 4/00 40000			
FAA Signature (Print Name and Sign)				Date (N	יוועו/טט/ץץץץ)	FAA Office/D	esignation No.	
ATTACHMENTS AP	PLICANT IDEN	ITIFIC	ATION (ID) (Go	overnment Is	sued Photo ID)			
☐ Knowledge Test Report(s) ☐ Temporary Certificate	rm of ID				State or	Country		
☐ Test Planning Sheet ☐ Statement of Additional	Number				Expiratio			
Instruction Instruction Instruction	INGIIIDEI				Expiratio	ni Date		

FAA FILE REVIEW (For FAA Office Use Only)

Certificate

 $_{\hfill \square}$ Other see Remarks block

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

Telephone

Email

OMB Control Number: 2120-0022 Expiration Date: 12/31/2025

U.S. Department of Iransonation Federal Aviation Administration	Airman Ce (14 CFR Part	CE)	Rating Applica		hanic and Parachute Rigger		
ORIGINAL ISSU		■ MECHANIC ■ Airframe ■ Powerplant	_	SENIOR Sea	at		
I. APPLICANT INFORM	MATION				To be a first		
A. Name (Last, First, Mid Doe, John,			B. Date of Birth (MM/DD 04/10/1992	/////)	C. Place of Birth (City and State) or (City and Country) Appleton, WI		
D. Height (Inches)	E. Weight (Pounds) 250	F. Hair Color (spell out) Red	G. Eye Color (spell out) Green	H. Sex 🔀 Male Female	I. Citizenship / Nationality XUSA Other:		
J1. Physical Location/ Directions are attack		J2. Mailing Address (w Same as J1.	ill show on certificate)		or have you ever held an FAA airman certificate? X No e type and number:		
123 Sesame S				L. Have you ever had an FAA airman certificate suspended No Yes			
Appleton, WI	12343			M. Do you read, wri language?	ite, speak, and understand the English No X Yes		
					ana, depressant or stimulant drugs or substances?		
Refer to § 65.12 and		622	of Final Conviction (MM/D	v 77 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /			
A. MECHANIC - C		Record of Experience, when ap	plication basis is A, B or D (N	laster nigger only) belo	ow.		
	AILITARY EXPERIENC	E B1. Military Service: (Branch)	B2. Milit	ary (/Grade:	B3. Military Specialty Code(s):		
B4. JSAMTCC Curri Completed:	iculum Airframe	Powerplant Airframe	8. Powerplant B5. Comp	letion Date (DD/YYYY)	B6. JSAMTCC Certificate Control No.		
C. MECHANIC -	AMTS TRAINING CO	URSE	C1. Select Basis: AM1	S GRADUATE	AMTS § 65.80 APPLICANT		
C2. AMTS Certific	cate Number C3.	AMTS Name		C4. AMTS	Location (City, State)		
satisfactory progr		dent has made C8. School	werplant Airframe ool Officials Signature (Fo	& Powerplant	(Frint Name and Sign) C9. Date (MM/DD/YYYY) (Print Name and Sign) C9. Date (MM/DD/YYYY) C9. Date (MM/DD/YYYY)		
D. PARACHUTE R	RIGGER	nber of Parachutes Packed	Back Lap		d as a: (For Master Parachute Rigger Only) ary Parachute Rigger Senior Parachute Rigger		
III. RECORD OF EXPER	RIENCE Continue add	litional information on a separat	e sheet if necessary.	Mark this	box if separate sheet attached for additional experience.		
1. DATE FROM (MM/YYYY)	2. DATE TO (MM/YYYY)	3. EMPLOYER AND LOCATIO	N (Employer Name, City, State)	4. TYPE OF	WORK PERFORMED (Describe work performed, not job title)		
02/2016	03/2022	USAF, Little Roc	k, AK	C130 Crew	Chief, Aircraft maintenance, Inspection		
04/2022	11/2024	Willi Wonka Aircraft	Co. London, England	Inspections	nd aircraft maintenance		
					.007		
		on is completed by the applican			heat of any knowledge and I save that they are to		
considered as part	of the basis for issu Ilso read and unders	rs provided by me on this ap ance of any FAA certificate t tand the <u>Privacy Act statem</u>	o me. I have received the ent that accompanies thi	Pilot's Bill of Right	best of my knowledge and I agree that they are to be s Written Notification of Investigation that accompanies DATE MUST MATCH OR REFLECT THE DATE BEFORE FAA INSPECTOR SIGNED DATE Date (MM/DD/YYYY) VET		
V. FAA ENDORSEMEN	NT: I find this applice	ant meets the experience rec	quirements of 14 CFR par				
□ § 65.77 – Med		□ § 65.80 – Special autho		c's Date § 65.80 (MM/DD/YYYY)	Test Auth. Expires (Must be prior to date in block C6)		
authorization based		oral/practical test (AMTS st	udent applicants only)		te (MM/DD/YYYY) FAA Office/Designation No.		
Jane [ne and sign)	Jane Do	FORM MUST H	HAVE A WET	1/13/2024 ABI2		
FAA Form 8610-2 07-23) SI	UPERSEDES PREVIOUS EDI	TION			Page 1 of		

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):	
Doe, John, Smith	04/10/1992				
	AND PRACTICAL TEST	S (For FAA Use			
Mechanic				ute Rigger	—
I. GENERAL If the test is failed, enter the ACS codes missed in the blocks pr	rovided,			□ PASS	□ FAIL
Oral Test	□ FAIL	TYPE	BACK	□ PASS	☐ FAIL
ACS Code			CHEST	□ PASS	☐ FAIL
			LAP	□ PASS	☐ FAIL
Practical Test	□ FAIL	PARACHUTE SE	AL SYMBOL ASSIGNED:		
ACS Code			REN	MARKS	
II. AIRFRAME If the test is failed, enter the ACS codes missed in the blocks	provided.				
Oral Test	□ FAIL				
ACS Code					
Practical Test PASS EXPIRATION DATE:	FAIL				
ACS Code					
II. POWERPLANT If the test is failed, enter the ACS codes missed in the b	locks provided.				
Oral Test	□ FAIL				
ACS Code					
		1			
Practical Test PASS EXPIRATION DATE:					
	☐ FAIL				
ACS Code		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			20 20 100
PPLICANT'S CERTIFICATION This area is completed by the applicant at the tim			ficate (FAA Form 8060-4).	
 Have you ever had an FAA airman certificate suspended or revoked? Have you ever been convicted for violation of any Federal or state sta 	NO NO				
drugs, marijuana, or depressant or stimulant drugs or substances?	tutes relating to harcot		ite of Final Conviction	n:	
certify that all statements and answers provided by me on this applicat	ion form are complete	and true to the	best of my knowledg	e and I agree that	they are to be
onsidered as a part of the basis for iss <mark>uance o</mark> f any FAA certificate to m his form. I have also read and u <mark>nderstand</mark> the <u>Privacy Act statement</u> th			hts Written Notificati	on of Investigation	that accompan
Applicant's Signature				Date (MM/DD/	YYYY)
AA EXAMINER'S REPORT					
have <u>tested this applicant</u> in accordance with pertinent procedures and APPROVED (Temporary Certificate Issued)			esult as: - Oral/Practical PASSE	n 🗆 DIS	APPROVED
APPROVED (Temporary Certificate issued) APPROVED (Temporary Certificate issued)	rtificate NOT issued) 🗀 1	4 CI N 9 03.80	Date (MM/DD/YYYY)		esignation No.
have examined this applicant's papers and I have indicated the result a	s: APPROVE	O (Temporary Certil	icate Issued)		
AA Signature (Print Name and Sign)			Date (MM/DD/YYYY)	FAA Office/De	esignation No.
TTACHMENTS	APPLICANT IDENTIFIC	CATION (ID) (G	overnment Issued Photo	ID)	
☐ Knowledge Test Report(s) ☐ Temporary Certificate		1/1-		or Country	
☐ Test Planning Sheet ☐ Statement of Additional	Form of ID				
☐ Graduation/Completion	ID Number			ration Date	
Certificate	Telephone		Email		
AA Signature Print Name and Sign)		Date (MM/DD	/mm)	FAA Office	
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