



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

INFORMATION FOR APPLICANT

**STATEMENT OF QUALIFICATIONS
(DAR—ODAR—DMIR—DER)**

Privacy Act Statement

Information on this form is solicited under authority of 14 CFR Part 183. The purpose of this information is to evaluate your application and establish your qualifications as a designee. 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 for the designation sought, and will become part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and is subject to the following routine uses as published in the Federal Register: (1) To provide the public with the names and addresses of certain categories of representatives who may provide service to them; and (2) DOT's Prefatory Statement of General Routine Uses.


The submission of 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:

This collection of information is for the purpose of obtaining essential information concerning the applicants' professional and personal qualifications. The FAA uses the information provided to screen and select the designees who act as representatives of the Administrator in performing various certification and examination functions. The burden associated with new and renewal applications using FAA Form 8110-14 is between 30 minutes and 1 hour. Providing this information is mandatory if a person wishes to apply to become a Designated Representative. The information is protected under the provisions of the Privacy Act and the Privacy Act system of records DOT/FAA-830, Representatives of the Administrator. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection of information is 2120-0033.

Tear off this cover sheet before submitting this form.

Organizations complete only the applicable blocks and attach separate resumes with the names, signatures, titles and qualifications of those persons who would actually perform the authorized functions.

 STATEMENT OF QUALIFICATIONS (DAR—ODAR—DMIR—DER)		<i>Form Approved OMB No. 2120-0033</i>	
		3. U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	
INSTRUCTIONS: <i>Print or type all entries except signatures</i>			
1. NAME (Last, first, middle) OR ORGANIZATION		4. SOCIAL SECURITY NO.	
2. BUSINESS OR COMPANY ADDRESS (Number, street, city, state, and ZIP code)		5. DATE OF BIRTH	
6. BUSINESS PHONE NUMBER	7. BUSINESS FAX NUMBER	8. EMAIL ADDRESS	
9. DESIGNATION SOUGHT			
<input type="checkbox"/> Designated Engineering Representative (DER)	<input type="checkbox"/> Structural Engineering	<input type="checkbox"/> Engine Engineering	
<input type="checkbox"/> Company	<input type="checkbox"/> Powerplant Engineering	<input type="checkbox"/> Propeller Engineering	
<input type="checkbox"/> Consultant	<input type="checkbox"/> Systems and Equipment Engineering	<input type="checkbox"/> Flight Analyst	
<input type="checkbox"/> Acoustical Engineering	<input type="checkbox"/> Flight Test Pilot		
<input type="checkbox"/> Manufacturing:		NOTE:	
<input type="checkbox"/> Designated Airworthiness Representative (DAR)		A separate application must be submitted for each discipline, i.e., Manufacturing or Engineering.	
<input type="checkbox"/> Organizational Designated Airworthiness Representative (ODAR)			
<input type="checkbox"/> Designated Manufacturing Inspection Representative (DMIR)			
Applicants shall identify specific function(s) for which appointment is sought:			
10. EXPERIENCE RESUME FOR NUMBER OF YEARS, AS APPROPRIATE, PERTINENT TO DESIGNATION SOUGHT. (Use additional sheets if necessary)			
Dates			
From	To	Employer's Name	Position Title and Duties
11. EDUCATION AND TRAINING HIGH SCHOOL LEVEL AND ABOVE PERTINENT TO DESIGNATION SOUGHT.			
Dates			
From	To	Name of School	Curriculum or Study Program
12. FAA CERTIFICATES NOW HELD PERTINENT TO DESIGNATION SOUGHT.			
Type	Certificate No.	Rating	Date Each Rating Issued
13. EMPLOYER'S RECOMMENDATION:			
I recommend the person identified above be appointed as:			
<input type="checkbox"/> Designated Engineering Representative	<input type="checkbox"/> Designated Manufacturing Inspection Representative	<input type="checkbox"/> Organizational Designated Airworthiness Representative	
Date	Primary Business	Signature	
14. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED IF DIFFERENT THAN BLOCK 2.			
Address		Telephone Number	EMAIL Address (Optional)
15. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that I am familiar with the Federal Aviation Regulations pertinent to the designation sought.			
Date		Signature	