U.S. Department
of Transportation
Federal Aviation
Administration

| INFORMATION FOR APPLICANT |

Application For An Airman Certificate and/or Rating

— Privacy Act Statement —

Information requested on this form is solicited under the authority of Title 49 of the United StatesCode(Transportation)sections109(9), 40113(a), 44701-44703, and 44709 (1994), formerly codified in the Federal Aviation Act of 1958, as amended, and Title 14 of the Code of Federal Regulations (CFR), Part 67, Medical Standards and Certification. Submission of this information is mandatory and incomplete submission will result in delay of consideration or denial of application for an airman medical certificate.

The purpose of this information is to determine whether an applicant meets Federal Aviation Administration medical requirements to hold an airman medical certificate for further consideration under 14 CFR 11.53 and 67.401. It is also used to depict airman population patterns and to update certification procedures and medical standards. The information collected on this form becomes a part of the Privacy Act System of Records DOT/FAA 847, General Air Transportation Records on Individuals, and is provided the protection outlined in the system's description as published in the Federal Register.

Paperwork Reduction Act Statement:
The information collected on this form is necessary to determine applicant eligibility for flight engineer or flight navigator certificates. The information is used to determine certification eligibility. We estimated that it will take 6 minutes to complete the form. The information collection is required to obtain a benefit. The information collected becomes part of the Privacy Act system of records DOT/FAA 847, General Air Transportation Records on Individuals. Please note that 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 is 2120-0007.

Tear off this cover sheet before submitting this form.

Form Approved *OMB NO. 2120-0007*

U.S. Department of Transportation
Federal Aviation Administration

Application For An Airman Certificate and/or Rating

- [ ] Flight Engineer
  - [ ] Reciprocating Engine Powered
  - [ ] Turbopropeller Powered
  - [ ] Turbojet Powered
- [ ] Flight Navigator
- [ ] Control Tower Operator
  - [ ] VFR Tower Rating
  - [ ] Non-Radar Approach Control Tower Rating
- [ ] Aircraft Dispatcher
- [ ] Reissuance of Certificate
- [ ] Additional Rating

1. TYPE OF AIRCRAFT TO BE USED	2. TIME IN THIS AIRCRAFT	3. NAME OF EMPLOYER

4. Applicant Identification

A. NAME *(First, Middle, Last)*

B. SOCIAL SECURITY NO.

F. HAIR | G. EYES | H. SEX | I. NATIONALITY

J. PLACE OF BIRTH

K. PERMANENT MAILING ADDRESS
  (Include Zip Code)

TELEPHONE NO.

5. Certificates Held by Applicant

A. [ ] Pilot
  - [ ] Airline Transport
  - [ ] Commercial
  - [ ] Flight Instructor
  - [ ] Private

- [ ] B. Flight Navigator
- [ ] C. Control Tower Operator
- [ ] D. Flight Engineer

- [ ] E. Ground Inspector
- [ ] F. Aircraft Dispatcher
- [ ] G. Mechanic

6. Applicant's Certification
I certify that I meet all pertinent requirements of the Regulations for the certificate or rating applied for

_____ Date

_____ Applicant's Signature

Instructor's Recommendation
7. I consider the above applicant ready to take the test for which he/she is applying:

- [ ] A. Oral Test
- [ ] B. Flight

or

- [ ] C. Practical Test Aircraft Dispatcher

D. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.
E. Date	Instructor's Signature	Instructor's Certificate No. & Expiration Date	Grade & Certificate No.

8. Evaluation Record

	Inspector	Examiner	Signature	Date
Oral				
Practical Test Aircraft Dispatcher				
Practical Test Control Tower Operator				
Simulator Check				
Aircraft Flight Check				

9. Inspector's Record

- [ ] Temporary Airman Certificate Issued
- [ ] Notice of Disapproval of Application Issued
- [ ] Examiner's Action Accepted

DATE | INSPECTOR'S SIGNATURE | FAA OFFICE

CP	REQ.	OFFICE	COM	ISS	ACT	EMP	TRN	M.T.	DIS	CLASS	SEX	RATING	STATE	COUNTY	

- [ ] Aircraft Dispatcher
- [ ] Special Mailing
- [ ] Airmail
- [ ] IFO Mailing
- [ ] Correspondence

FAA Form 8400-3 (1-98) Supersedes Previous Edition   Electronic Version (Adobe)   NSN: 0052-00-692-3002

10. Practical Test Report

Grading Legend (All applicable items must be graded S or U)
Explain in "Remarks" all items which are not graded.
S-Satisfactory, U-Unsatisfactory

Item No.	A. Flight Engineer	Grade Examiner	Grade Inspector
1	Equipment Examination *(Oral)*		
2	Preflight Inspection		
3	Normal Operating Procedures		
4	Abnormal Operating Procedures		
5	Performance Data and Cruise Control		
6	Trouble Shooting		
7	Emergency Procedures		
8	Forms and Records		
9	Post Flight		
10	Crew Coordination		
11	Judgement		

Item No.	B. Flight Navigator	Grade Examiner	Grade Inspector
1	Equipment (Oral)		
2	Equipment Check		
3	Preflight Training		
4	Normal Navigation Procedures		
5	Knowledge of Navigation Methods		
6	Co-ordination of Navigational Methods		
7	Emergency Procedures		
8	Co-ordination of Duties		
9	Crew Coordination		
10	Judgement		

11. Route of Flight Check

From	To	Hours Day	Night

Item No.	C. Aircraft Dispatcher	Grade Examiner	Grade Inspector
1	Aircraft		
2	Air Routes and Airports		
3	Altimeters		
4	Weather Analysis		
5	Airman's Information Manual		
6	Dispatch and Assistance		
7	Emergency Procedures		

Item No.	D. Control Tower Operator	Grade Examiner	Grade Inspector
	VFR TOWER RATING		
1	The Control Tower		
2	The Airport		
3	The Control Zone		
4	Notice to Airmen		
5	Weather Facilities and Procedures		
6	A Demonstration of Ability to Control Air Traffic Under VFR		
	NON-RADAR APPROACH CONTROL TOWER RATING		
1	Air Traffic Control Facilities		
2	Air Navigation Facilities		
3	Use of Airman's Information Manual		
4	Holding Procedures		
5	Approach Procedures		
6	Missed Approach Facilities		
7	Alternate Airports		
8	Search and Rescue Procedures		
9	A Demonstration of Ability to Control Air Traffic Under IFR		
10	Airport Identification		

☐ Airmans Identification (ID)

_____

Form of ID

_____

Number

_____

Expiration Date

10. Remarks