



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

FILE COPY

Flight Standards District Office
Little Rock, AR 72202

January 21, 2016

Mr. Doyle G. Reynolds

Jefferson, Arkansas 72079

Dear Mr. Reynolds:

We are pleased to inform you that your appointment as a Designated Pilot Examiner per Title 14 Code of the Federal Regulations 14 CFR § 183.23 has been approved. This letter serves as your Certificate of Authority (COA). This COA should be retained for your use and should be safely filed where it is available to you and the FAA.

DESIGNATION CERTIFICATE NUMBER: [REDACTED]

AIRCRAFT TYPE: Airplane Single Engine Land and Sea, Small Multiengine Airplanes

DATE OF DESIGNATION: September 28, 1995

DESIGNATION EXPIRATION: January 31, 2017

This authorization is subject to certain functions and limitations as described below:

AUTHORIZED FUNCTIONS: Private Pilot Examiner (PE); Commercial and Instrument Rating Examiner (CIRE); Commercial Pilot Examiner (CE); Air Transport Pilot Examiner (ATPE); Flight Instructor Examiner (FIE); Flight Instructor Renewal Examiner (FIRE); Sport Pilot Examiner/Sport Pilot Flight Instructor Examiner (SPE/SFIE)

LIMITATIONS: Flight Instructor Examiner (FIE) must receive prior approval from the LIT FSDO prior to conducting practical test for the original issuance of a flight instructor certificate.

Sincerely,

ORIGINAL SIGNED BY

Karry D. Ray
Manager – LIT - FSDO

CONCURRENCES
ROUTING SYMBOL ASA/CRB
INITIALS/SIG [REDACTED]
DATE 01/21/2016
ROUTING SYMBOL ASI/MJD
INITIALS/SIG [REDACTED]
DATE 1-21-2016
ROUTING SYMBOL SUP/KDG
INITIALS/SIG
DATE
ROUTING SYMBOL MGR/KDR
INITIALS/SIG [REDACTED]
DATE 1/21/16
ROUTING SYMBOL
INITIALS/SIG
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DATE
ROUTING SYMBOL
INITIALS/SIG
DATE



U.S. Department of Transportation
Federal Aviation Administration

EXAMINER DESIGNATION AND QUALIFICATION RECORD

TYPE OF DESIGNATION	<input checked="" type="checkbox"/>	PRIVATE PILOT
	<input checked="" type="checkbox"/>	COMMERCIAL PILOT EXAMINER
	<input checked="" type="checkbox"/>	AIRLINE TRANSPORT PILOT EXAMINER
	<input type="checkbox"/>	PROFICIENCY PILOT EXAMINER
	<input type="checkbox"/>	FLIGHT ENGINEER EXAMINER
	<input checked="" type="checkbox"/>	FLIGHT INSTRUCTOR EXAMINER
<input checked="" type="checkbox"/>	OTHER	

Attach supplemental sheets if more space is required for any item

1. NAME (Last, first, middle) Reynolds, Jr. Doyle Gene	Telephone No. [REDACTED]	3. DATE OF BIRTH (Month, day, and year) [REDACTED]	4. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. ADDRESS (Number, street, city, state, and ZIP code) [REDACTED] Jefferson, AR 72079			

5. DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN EXAMINER DESIGNATION

<input checked="" type="checkbox"/>	YES	TYPE AND NUMBER
<input type="checkbox"/>	NO	[REDACTED]

6. HAS ANY CERTIFICATE OR RATING ISSUED YOU EVER BEEN SUSPENDED OR REVOKED OR HAVE YOU PAID A CIVIL PENALTY AS A RESULT OF A VIOLATION OF THE FEDERAL AVIATION REGULATIONS. (Complete for original designations only)

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO

7. CERTIFICATES HELD			
TYPE	CERTIFICATE NO.	RATINGS	DATE ISSUED
Airline Transport Pilot Commercial Pilot CFI	[REDACTED]	CE-500, CE560XL, CE650, DA-50 DA-EASY	28AUG2014 28AUG2014 28AUG2014

8. FLIGHT EXPERIENCE (in hours)										
	AIRPLANE		ROTORTYPE		GLIDERS		AIRSHIPS		INSTRUMENT FLIGHT (Actual or sim)	NIGHT FLIGHT
	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO		
PILOT-IN-COMMAND	12125	65							3.5	
FLIGHT INSTRUCTION GIVEN	1861	6.5							1.5	
COPILOT										
FLIGHT NAVIGATOR										
FLIGHT ENGINEER										

9. EMPLOYMENT (Indicate professional experience pertinent to this designation)			
EMPLOYER'S NAME	NATURE OF WORK	DATES	TITLE OF POSITION
Flight Concepts LLC	Aviation	1994 - Present	Owner

10. SPECIAL TRAINING PERTINENT TO THE DESIGNATION
FAA Oklahoma City

CERTIFICATION: I certify that I am familiar with the requirements for this designation, its privileges and limitations, and that the information stated herein is true. It is understood that this designation may be terminated upon notice by the FAA for the reasons specified in section 183.15(c) of the Federal Aviation Regulations.

PAPERWORK REDUCTION ACT STATEMENT: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this collection is 2120-0033. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain benefits per 14 CFR Part 183. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ASP-110.

DATE 12/12/2015	SIGNATURE Gene Reynolds [REDACTED]
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FOR FAA USE

DATE LAST REPORT SUBMITTED 12-12-2015

TYPE OF ACTION		FLIGHT TEST ACTIVITIES-GENERAL AVIATION <i>(Complete for renewals and additional designations)</i>				DISAPPROVED BY EXAMINER	ACCEPTED BY INSPECTOR	RECHECKED BY INSPECTOR	NO. RETURNED FOR CORRECTION
<input type="checkbox"/>	ORIGINAL ISSUANCE	CERTIFICATES/RATINGS	TOTAL SUBMITTED						
<input checked="" type="checkbox"/>	RENEWAL	PRIVATE PILOT							
<input type="checkbox"/>	ADDITIONAL AUTHORITY	COMMERCIAL PILOT							
<input type="checkbox"/>	SPOT CHECK ONLY- NO RENEWAL EFFECTED	AIRLINE TRANSPORT PILOT							
<input type="checkbox"/>	REINSTATEMENT	INSTRUMENT RATING							
		ADDITIONAL RATINGS	PRIVATE						
			COMMERCIAL						
			ATR						

CHARACTER AND REPUTATION *(Include industry and community reputation as well as personal knowledge possessed by FAA personnel)*

N/A

PROFESSIONAL ABILITY *(Brief narrative description of examiner indoctrination and training given and results expressed as "good," excellent or "unsatisfactory.")*

N/A

Complete for original issuance and reinstatements only

INSPECTOR'S RECOMMENDATION/ACTION

<input checked="" type="checkbox"/>	APPROVE
<input type="checkbox"/>	DISAPPROVE

JUSTIFICATION FOR APPROVAL/REASONS FOR DISAPPROVAL

The individual named has been flight tested/examined and deemed competent to perform the duties of the designation indicated below.

DESIGNATION	CATEGORY		ADDITIONAL QUALIFICATIONS LIMITATIONS <i>(For pilot flight engineer examiner give aircraft category)</i>
	<input checked="" type="checkbox"/>	PRIVATE PILOT	
<input checked="" type="checkbox"/>	COMMERCIAL PILOT EXAMINER		ROTORCRAFT
<input checked="" type="checkbox"/>	AIRLINE TRANSPORT PILOT EXAMINER		GLIDER
<input type="checkbox"/>	PROFICIENCY PILOT EXAMINER		AIRSHIP
<input type="checkbox"/>	FLIGHT ENGINEER EXAMINER		
<input checked="" type="checkbox"/>	FLIGHT INSTRUCTOR EXAMINER		

DATE 1-21-2016

OFFICE NO. SW-11

INSPECTOR'S SIGNATURE

PRIVACY ACT STATEMENT. The information on this form is solicited under authority of the Federal Aviation Regulations Part 183. The purpose of this information is to establish your qualifications as an examiner. Submission of the data is mandatory. Incomplete submission may result in delay or denial of your request. The data will be used to determine your eligibility as an examiner, and for statistical purposes. In addition, the data also becomes part of the Privacy Act system of records DOT/FAA 830, Representatives of the Administrator, and is subject to the additional conditions of that published system.

DISTRICT CERTIFICATE MANAGEMENT OR REGIONAL

<input type="checkbox"/>	CONCUR	DATE	SIGNATURE
<input type="checkbox"/>	DISAPPROVE		
TYPE OF DESIGNATION			CERTIFICATE OF AUTHORITY ISSUED
		NO.	DO TO SERVE UNDER
		EXPIRATION DATE	