



**Instructor's Recommendation**  
 I have personally instructed the applicant and consider this person ready to take the test.  
 Instructor's Signature (Print Name & Sign) \_\_\_\_\_  
 Candidate No. \_\_\_\_\_  
 Candidate Score \_\_\_\_\_

**Air Agency's Recommendation**  
 The applicant has successfully completed our \_\_\_\_\_ test, and is recommended for certification or rating without further \_\_\_\_\_  
 Date \_\_\_\_\_  
 Agency Name and Number \_\_\_\_\_  
 Official Signature \_\_\_\_\_  
 Title \_\_\_\_\_

**Designated Examiner or Airman Certification Representative Report**  
 Student Pilot Certificate issued (Copy attached)  
 I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the pertinent requirements of 14 CFR Part 61 for the certificate or rating sought.  
 I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.  
 I have personally reviewed and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.  
 Approved - Temporary Certificate Issued (Original Attached)  
 Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Facility, City, State) \_\_\_\_\_  
 Certificate or Rating for Which Tested \_\_\_\_\_  
 Type(s) of Aircraft Used \_\_\_\_\_  
 Registration No(s) \_\_\_\_\_  
 Designation No. \_\_\_\_\_  
 Designation Expires \_\_\_\_\_  
 Ground \_\_\_\_\_  
 Flight \_\_\_\_\_

**Evaluator's Record (Use For ATP Certificate and/or Type Ratings)**

Date	Inspector	Examiner	Signature and Certificate Number	Date
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**Aviation Safety Inspector or Technician Report**  
 I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with pertinent procedures, standards, policies, and or necessary requirements with the result indicated below.  
 Approved - Temporary Certificate issued (Original Attached)  
 Disapproved - Disapproval Notice Issued (Original Attached).

Location of Test (Facility, City, State)  
Orlando Sanford Airport (SFB)  
Sanford, Florida  
 Certificate or Rating for Which Tested  
PPE for CE-S25A  
 Type(s) of Aircraft Used  
CE-S25A  
 Registration No(s)  
N525HG  
 Student Pilot Certificate issued  
 Examiner's Recommendation  
 Accepted  Rejected  
 Renewal  Reinstatement  
 Raising or Exchange of Pilot Certificate  
 Special Medical Test conducted - report forwarded to Aeromedical Certification Branch, AAM-230  
 Certificates or Rating Based on  
 Military Competence  
 Foreign License  
 Approved Course Graduate  
 Other Approved FAA Qualification Criteria  
 Flight Instructor  Ground Instructor  
 Renewal  Reinstatement  
 Instructor Renewal Based on  
 Activity  Training Course  
 Test  Duties and Responsibilities  
 Date \_\_\_\_\_

**Training Course (FIR) Name**  
 \_\_\_\_\_  
 Registration Certificate No. \_\_\_\_\_  
 Date 7/24/2013  
 Inspector \_\_\_\_\_  
 Candidate No. \_\_\_\_\_  
 FAA District Office MSO-15

**Attachments**  
 Student Pilot Certificate (Copy)  
 Knowledge Test Report  
 Temporary Airman Certificate  
 Notice of Disapproval  
 Substituted Airman Certificate  
 Airman's Identification (ID) Number \_\_\_\_\_  
 Name: Steven E. Moore  
 Date of Birth: 11-30-2016  
 Certificate Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

TYPE OR PRINT ALL ENTRIES IN INK



DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

### Airman Certificate and/or Rating Application

**I. Application Information**

Additional Rating     Student     Recreational     Private     Commercial     Airline Transport     Instrument  
 Flight Instructor Initial     Airplane Single-Engine     Airplane Multiengine     Rotorcraft     Balloon     Airship     Glider     Powered-Lift  
 Medical Flight Test     Renewal     Reinstatement     Additional Instructor Rating     Ground Instructor     Other  
 Reexamination     Reissuance of \_\_\_\_\_ certificate

**A. Name (Last, First, Middle)** Smith ROBIN GARY    **D. SSN (US Only)** Do not use    **D. Place of Birth** HUNTERIA GA USA

**F. Citizenship**  USA     Other    **G. Do you read, speak, write, & understand the English language?**  Yes     No

**City, State, Zip Code** CLERMONT FL    **H. Height** 73'    **I. Weight** 218    **J. Hair** BLACK    **K. Eyes** Blue    **L. Sex**  Male     Female

**M. Do you now hold, or have you ever held an FAA Pilot Certificate?**  Yes     No    **N. Grade Pilot Certificate** ATP    **O. C. [Redacted]**    **P. Date Issued** 04-18-2013

**Q. Do you hold a Medical Certificate?**  Yes     No    **R. Class of Certificate** 2ND    **S. Date Issued** 11-15-2012    **T. Name of Examiner** Smith, Vergil D. DO

**U. 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?**  Yes     No    **V. Date of Final Conviction**

**II. Certificate or Rating Applied For on Basis of:**

**A. Completion of Required Test**    **1. Aircraft to be used (if flight test required)** CE-550    **2a. Total time in this aircraft / SIM / FTD** 2000+ hours    **2b. Pilot in command** 2000+ hours

**B. Military Competence Obtained In**    **1. Service**    **2. Date Rated**    **3. Rank or Grade and Service Number**

**C. Graduate of Approved Course**    **1. Name and Location of Training Agency or Training Center**    **2. Curriculum From Which Graduated**    **1a. Certification Number**    **3. Date**

**D. Holder of Foreign License Issued By**    **1. Country**    **2. Grade of License**    **3. Number**    **4. Ratings**

**E. Completion of Air Carrier's Approved Training Program**    **1. Name of Air Carrier**    **2. Date**    **3. Which Curriculum**  Initial     Upgrade     Transition

**III RECORD OF PILOT TIME (Do not write in the shaded areas.)**

	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night Take-off Landings	Night PIC	Night Take-off Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC SIC			PIC SIC				PIC SIC					
Rotorcraft				PIC SIC			PIC SIC				PIC SIC					
Powered Lift				PIC SIC			PIC SIC				PIC SIC					
Glider																
Lighter Than Air																
Simulator																
Training Device																
PCATD																

**IV. Have you failed a test for this certificate or rating?**  Yes     No

**V. Applicant's Certification** - 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 also read and understand the Privacy Act statement that accompanies this form.

**Signature of Applicant** [Redacted]    **Date** 8-29-2018

### Instructor's Recommendation

I have personally instructed the applicant and consider this person ready to take the test

Date	Certified Flight Instructor's Signature (Print Name and Sign)	Certificate Number	CFI Certificate Expires
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### Air Agency's Recommendation

The applicant has successfully completed our \_\_\_\_\_ course, and is recommended for certificate or rating without further practical test.

Date	Agency Name and Number	Official Signature
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### Designated Examiner or Airman Certification Representative Report

- Student Pilot Certificate issued (Copy attached)
- I have personally reviewed this applicant's pilot logbook and/or training record, and certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate or rating sought.
- I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate.
- I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
  - Approved - Temporary Certificate Issued (Original Attached)
  - Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Name of Facility or Airport, City, State)	Duration of Test		
	Ground / Oral	FFS / FTD	Flight

Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)	Type(s) of Aircraft Used	Registration Number(s)
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Date	Examiner's Signature (Print Name & Sign)	Certificate Number	Designation Number	Designation Expires
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### Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))

	Inspector	Examiner	Signature and Certificate Number	Date
Ground / Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved FFS/FTD Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with, pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. (This approved box need only checked if the Inspector is the one that issued the temporary airman certificate)

- Approved - Temporary Certificate Issued (Original Attached)
- Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Name of Facility or Airport, City, State)	Duration of Practical Test		
	Ground / Oral	FFS / FTD	Flight

LEE Leesburg FL

1.5                      1.2

Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)	Type(s) of Aircraft Used	Registration No.(s)
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PPE Annual Check

CE-550

N668AJ

- Student pilot certificate issued
- Examiner's recommendation
  - Accepted
  - Rejected
- Reissue or exchange of pilot, CFI or G.I. certificate
- Special medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330
- Change of name, nationality, gender, or date of birth
- SIC Type Rating issued under § 61.55(b) (Part 91)
- Certificate or Rating Based on
  - Military Competence
  - Foreign License
  - Approved Course Graduate
  - Other Approved FAA Qualification Criteria
- Flight Instructor
  - Renewal
  - Reinstatement
- Ground Instructor
- Instructor Renewal Based On:
  - Activity
  - Test
  - Training Course
  - Duties and Responsibilities

Training Course (FIRC) Name	Graduation Certificate Number	Date of FIRC Graduation Certificate
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Date	Inspector's Signature (Print Name & Sign)	FAA Office (e.g. 30-15, WP-15)
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8/28/13

Billy J Meadows

ASO15

### Attachments:

- Student Pilot Certificate (Copy)
- Official College Transcript
- ATP CTP Graduation Certificate
- Knowledge Test Report
- Temporary Airman Certificate
- Notice of Disapproval
- Superseded Airman Certificate

Airman's Identification (ID) (Recommended ID: US driver's license or passport)

FL DR LIC

Form \_\_\_\_\_ (State)

Number \_\_\_\_\_

Expiration Date (If US driver's license is used, it cannot be expired)

Telephone Num \_\_\_\_\_

ID: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

REMARKS from Inspector or Examiner: \_\_\_\_\_