



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

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

A. Name (Last, First Middle) ROSENBERG, MICHAEL JOSEPH B. SSN (US only) DO NOT USE C. Date of Birth [Redacted] D. Place of Birth PASADENA CA USA

E. Address [Redacted] F. Citizenship (Citizenship) Specify USA Other G. Do you read, speak, write, & understand the English language? Yes No

City, State, Zip Code PORT ORANGE FL 32128 H. Height 68 In. I. Weight 155 lbs. J. Hair BROWN K. Eyes HAZEL L. Sex Male Female

M. Do you now hold, or have you ever held an FAA Pilot Certificate? Yes No N. Grade Pilot Certificate AIRLINE TRANSPORT PILOT O. Certificate Number [Redacted] P. Date Issued 3/13/2011

Q. Do you hold a Medical Certificate? Yes No R. Class of Certificate SECOND CLASS MEDICAL S. Date Issued 2/7/2014 T. Name of Examiner ROBERT KURREL, MD

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) 1) EMB-500-500 2) _____ 2a. Total Time in this aircraft/SIM/FTD 1) 20.0 SIM 2) _____ FTD) hours 2b. Pilot in Command 1) 0.0 2) _____ hours

B. Military Competence Obtained In 1. Service _____ 2. Date Rated _____ 3. Rank or Grade and Service Number _____
 4a. Flown 10 hours PIC in last 12 months in the following Military Aircraft. _____ 4b. US Military PIC & Instrument Check _____

C. Graduate of Approved Course 1. Name and Location of Training Agency or Training Center _____ 1a. Certification Number _____
 2. Curriculum From Which Graduated _____ 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 Takeoff Landings	Night PIC	Night Takeoff Landing PIC	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches
Airplanes				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Rotorcraft				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Powered Lift				PIC			PIC				PIC	PIC				
				SIC			SIC				SIC	SIC				
Gliders																
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 MICHAEL JOSEPH ROSENBERG E-SIGN Date 04/28/2014 08:02:14 AM

UNOFFICIAL COPY

Instructor's Recommendation

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

Date	Instructor's Signature (Print Name & Sign)	Certificate No:	Certificate Expires
------	--	-----------------	---------------------

Air Agency's Recommendation

This applicant has successfully completed our _____ Course, and is recommended for certification or rating without further _____ test.

Date	Agency Name and Number	Official's 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 pilot 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 (Facility, City, State) ORAL IGX-HORACE WILLIAMS, CHAPEL HILL, NC; AIRCRAFT FLIGHT CHECK IGX-HORACE WILLIAMS, CHAPEL HILL, NC	Duration of Test		
	Ground 2.8	Simulator/FTD SIM FTD)	Flight 1) 3.2 2)

Certificate or Rating for Which Tested AIRLINE TRANSPORT PILOT, AIRPLANE MULTIENGINE LAND ADDED TYPE RATING EMB-500	Type(s) of Aircraft Used 1) EMB-500-500 2)	Registration No.(s) 1) N100EQ 2)
---	---	-------------------------------------

Date 04/28/2014 02:54:14 PM	Examiner's Signature (Print Name & Sign) THOMAS JAMES NORTON E-SIGN	Certificate No.	Designation No.	Designation Expires 12/31/2014
--------------------------------	--	-----------------	-----------------	-----------------------------------

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

	Inspector	Examiner	Signature and Certificate Number	Date
Oral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	THOMAS JAMES NORTON E-SIGN	04/28/2014 02:51:17 PM
Approved Simulator/Training Device Check	<input type="checkbox"/>	<input type="checkbox"/>		
Aircraft Flight Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	THOMAS JAMES NORTON E-SIGN	04/28/2014 02:52:20 PM
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.

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

Location of Test (Facility, City, State)	Duration of Test		
	Ground	Simulator/FTD SIM FTD)	Flight 1) 2)
Certificate or Rating for Which Tested	Type(s) of Aircraft 1) 2)	Registration No. 1) 2)	

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student Pilot Certificate Issued | <input type="checkbox"/> Certificate or Rating Based on | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Ground Instructor |
| <input type="checkbox"/> Examiner's Recommendation | <input type="checkbox"/> Military Competence | <input type="checkbox"/> Renewal | |
| <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | <input type="checkbox"/> Foreign License | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Reissue or Exchange of Pilot Certificate | <input type="checkbox"/> Approved Course Graduate | Instructor Renewal Based on | |
| <input type="checkbox"/> Special Medical test conducted - report forwarded to Aeromedical Certification Branch, AAM-330 | <input type="checkbox"/> Other Approved FAA Qualification Criteria | <input type="checkbox"/> Activity | <input type="checkbox"/> Training Course |
| | | <input type="checkbox"/> Test | <input type="checkbox"/> Duties and Responsibilities |

Training Course (FIRC) Name	Graduation Certificate No.	Date
-----------------------------	----------------------------	------

Date	Inspector's Signature (Print Name & Sign)	Certificate No.	FAA District Office SO15
------	---	-----------------	-----------------------------

Attachments:	<input checked="" type="checkbox"/> Airman's Identification (ID) ID: _____ USA DRIVER'S LICENSE FL Form of ID Name: ROSENBERG, MICHAEL JOSEPH Number _____ Date of Birth _____ 4/29/2018 Certificate Number _____ Expiration Date _____ Email Address: _____ Telephone Number _____
<input type="checkbox"/> Student Pilot Certificate (copy) <input type="checkbox"/> Knowledge Test Report <input checked="" type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate	

UNOFFICIAL COPY



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) ROSENBERG, MICHAEL JOSEPH
Social Security Number DO NOT USE
Certificate Number [REDACTED]
Date Issued 4/28/2014

Permanent Mailing Address:

Applicant requests the certificate be SPECIAL MAILED to:

[REDACTED]
PORT ORANGE FL 32128

Physical Description / Map or Directions:

Comments:

- 4/28/2014 7:49:55 AM FLIGHT HOURS (MICHAEL ROSENBERG) TOTAL CLASS HOURS: 4800. FFS HOURS: 25.

i. UNITED STATES OF AMERICA
 DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
 ii. **TEMPORARY AIRMAN CERTIFICATE**

iii. CERTIFICATE NO. [REDACTED]

THIS CERTIFIES THAT iv. **MICHAEL JOSEPH ROSENBERG**
 v. [REDACTED]

PORT ORANGE FL 32128

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	vi
[REDACTED]	68 IN	155	BROWN	HAZEL	M	USA	

ix. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of
AIRLINE TRANSPORT PILOT

RATINGS AND LIMITATIONS

xii. AIRPLANE SINGLE ENGINE LAND; AIRPLANE MULTIEGINE LAND;
 EMB-500; (LIMITATIONS) ENGLISH PROFICIENT; AUTHORIZED
 EXPERIMENTAL AIRCRAFT: AV-L39

xiii.

THIS IS AN ORIGINAL ISSUANCE REISSUANCE OF THIS GRADE OF CERTIFICATE DATE OF ISSUANCE OF THIS GRADE OF CERTIFICATE DATE OF SUPERSEDED AIRMAN CERTIFICATE
 3/13/2013

BY DIRECTION OF THE ADMINISTRATOR

EXAMINER'S DESIGNATION NO OR INSPECTOR'S REG. NO. [REDACTED]

x. DATE OF ISSUANCE
 04/26/2014 02:54:14 PM

xi. SIGNATURE OF EXAMINER OR INSPECTOR
 THOMAS JAMES NORTON
 IACRA E-SIGNED APPLICATION SO15

DATE DESIGNATION EXPIRES
 12/31/2014

vii. AIRMAN'S SIGNATURE

FAA Form 8060-4 (8-79) USE PREVIOUS EDITION

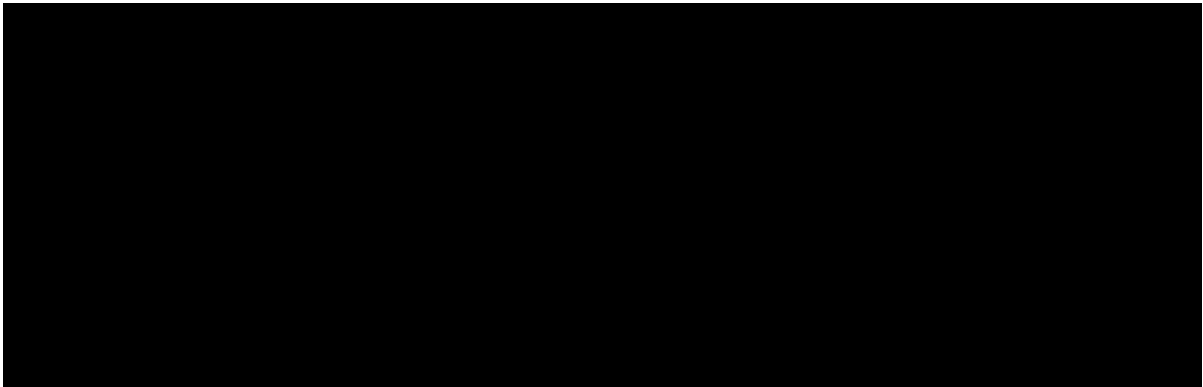
Application Number: 816251

IACRA Equivalent

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void -

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon a finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation;
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.



UNITED STATES OF AMERICA
 Department of Transportation
 Federal Aviation Administration

MEDICAL CERTIFICATE SECOND CLASS

This certifies that (Full name and address):
 MICHAEL Joseph ROSENBERG
 [REDACTED]
 PORT ORANGE FL 32128 USA

Date of Birth	Height	Weight	Hair	Eyes	Sex
[REDACTED]	58	12	GRAY	HAZEL	M

has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Must wear corrective lenses

Limitations

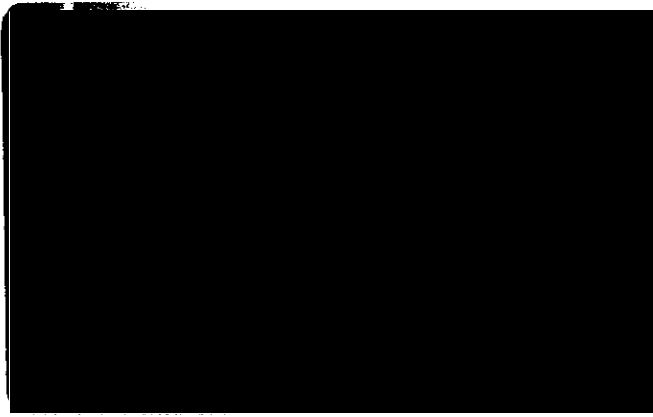
Date of Examination: 02/07/2014
 Examiner's Designation No: [REDACTED]

Examiner Signature: [REDACTED]
 Typed Name: ROBERT W. BERTLENDI
 License No: [REDACTED]

AIRMAN'S SIGNATURE: [REDACTED]

FAA Form 8500-9 (Rev. 1/96) (1/96) (1/96) (1/96) (1/96) (1/96)









FLIGHT TRAINING RECORD

FLIGHT TRAINING RECORD



I certify that Michael Rosenberg, Airline Transport Pilot
2695566, has received the required training of section
61.157(b)(1) for an addition of a EMB-500 type rating.

Travis P. Holland  CFI EX06/15 Date *3112 2014*  Holland Aero

Travis P. Holland  CFI EX06/15 Date _____  Holland Aero

FLIGHT TRAINING RECORD



FLIGHT TRAINING RECORD

Travis P. Holland  CFI EX06/15 Date _____  Holland Aero

Travis P. Holland  CFI EX06/15 Date _____  Holland Aero

FLIGHT TRAINING RECORD

FLIGHT TRAINING RECORD

Travis P. Holland  CFI EX06/15 Date _____  Holland Aero

Travis P. Holland  CFI EX06/15 Date _____  Holland Aero

Norton Aviation's Customer Flight Record

Phenom 100 Recurrent Training

FLIGHT #1: PTS Proficiency

PILOT: MIKE ROSENBERG **Certificate #:** [REDACTED]
Date: 9/26/14 **Airports Used:** TFL6, KOCF, _____, _____
Aircraft Tail#: N100ER **Block Time:** 1:0 **# of Landings:** 2

ELEMENTS: <small>*Shaded boxes must be graded</small>	UNSAT	SAT
Engine Start Malfunctions		✓
Normal and Crosswind Takeoffs		✓
Normal Climb-out and Local Area Clearance		✓
Engine Failure after V1		✓
VFR maneuvers (List as required)		
Instrument Crosscheck Proficiency Maneuvers		✓
MFD / PFD Failure and Reversion		✓
Engine Failure and Engine Restart		DISSESSED
Manual Cabin Pressurization		
Cabin Altitude Caution / Emergency Descent		DISSESSED
ILS / (LPV) Approaches at <u>KOCF</u> , _____, _____		✓
Non-Precision Approaches at: <u>KOCF</u> , _____, _____		✓
Circling Approaches at <u>KOCF</u> , _____, _____		✓
Other Instrument/Visual Approaches (List as required)		
Missed Approaches (two engine single engine)		✓
Holding		✓
Landing Failure and Emergency Gear Extension (if possible)		
Selected Emergency Procedures (list Below)		
<u>E1 FAIL</u>		✓
<u>ENG FIRE</u>		✓
Normal and Crosswind Landings		✓
After Landing Shutdown Procedures		✓
OVERALL GRADE		✓
Comments:		

Instructor: Tom Norton **Certificate #:** [REDACTED] **CFI Exp:** 5/31/15
Instructor Signature: [REDACTED]

Norton Aviation's Customer Flight Record

Phenom 100 Recurrent Training

FLIGHT #2: Scenario & PTS Proficiency

PILOT: MIKE ROSENBERG **Certificate #:** [REDACTED]
Date: 9/26/14 **Airports Used:** KOAK, TFLB, _____, _____
Aircraft Tail#: N100EQ **Block Time:** 0.4 **# of Landings:** 1

ELEMENTS:	*Shaded Boxes must be graded	UNSAT	SAT
Scenario Planning / Execution (Scenario Problem: <u>BLEED 1 LEAK</u>)			✓
Aeronautical Decision-Making and Resource/Risk Management			✓
Engine Start Malfunctions			
Normal and Crosswind Takeoffs			
Normal Climb-out and Local Area Clearance			✓
Engine Failure after V1			
VFR maneuvers (List as required)			
	Instrument Crosscheck Proficiency Maneuvers		
	MFD / PFD Failure and Reversion		
	Engine Failure and Engine Restart		
	Manual Cabin Pressurization		
	Cabin Altitude Caution / Emergency Descent		
ILS / LPV Approaches			
Non-precision Approaches			✓
Circling Approaches			
Other Instrument/Visual Approaches (List as required)			
	<u>RNAV 05</u>		✓
Missed Approaches (two engine, single engine)			
Holding			
Landing Failure and Emergency Gear Extension (if possible)			
Selected Emergency Procedures (List Below)			
Normal and Crosswind Landings			✓
After Landing Shutdown Procedures			✓
OVERALL GRADE			✓

Comments:
NICE APPROACH & LANDING INTO WET RUNWAY

Instructor: Tom Norton **Certificate#:** [REDACTED] **CFI Exp:** 5/31/15
Instructor Signature: [REDACTED]

**NORTON
AVIATION**



Certificate of Graduation

This certifies that

Michael Rosenberg

has successfully completed **NORTON AVIATION'S**

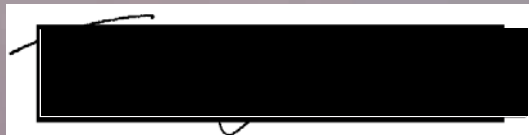
Phenom 100

Recurrent Training Program on the

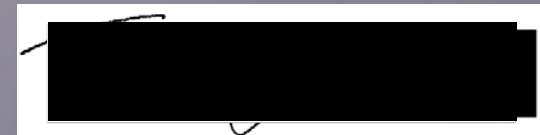
26th of September 2014

and is fully qualified to continue the privileges of

an EMB-500 Type Rated Single Pilot



Thomas J. Norton
President
Norton Aviation, LLC



Thomas J Norton
Authorizing Instructor
Norton Aviation, LLC

I certify that flight and ground instruction including the below flights in Phenom N100EQ was provided to Michael Rosenberg.
Travis P Holland [REDACTED] CFI Exp. 06-30-15



TYPE	IDENT	ROUTE	FLIGHT	LDGS	IMC	Night	Instrument Approach
3/27/14	E50P	N100EQ	KBLI - KPAE - KFHR - KBLI	1.4	1		ILS 16R/PAE, RNAV 34/FHR, ILS 16/BLI
Intro to Phenom operations							
3/28/14	E50P	N100EQ	KBLI - KFHR - KBLI	2.1	1	1.0	RNAV 34/FHR x 2 Hold ISLND
Phenom IFR operations							
3/28/14	E50P	N100EQ	KBLI - KBLI	1.6	1		ILS 16/BLI
Abnormal electrical, fuel, pressurization systems. Maneuvering flight.							
3/29/14	E50P	N100EQ	KBLI - KBLI	1.2	1		ILS 16/BLI x 2
Single engine operations, V1 cut, Single Engine go around							
3/30/14	E50P	N100EQ	KBLI - KBLI	1.6	2	0.6	ILS 16/BLI x 2, RNAV 11/BVS x 2
Single engine operations, V1 cut, Single Engine go around, SE landing BVS, V1 cuts at BVS.							
3/30/14	E50P	N100EQ	KBLI - KBLI	1.2	1	0.6	ILS 16/BLI x 4
Single engine operations, V1 cuts, SE go arounds							
3/31/14	E50P	N100EQ	KBLI - KCNO	3.1	1		ILS 26R/CNO
High altitude cross country flight, RVSM operations, climb procedures							
3/31/14	E50P	N100EQ	KCNO - KVCV - KVMY	2.4	2		RNAV 17/VCV, ILS 17/VCV x 2 SE, HOLD ETHER, ILS 16R/VNY
Mock checkride elements in Chino and Victorville. Maneuvering flight and approaches							
4/1/14	E50P	N100EQ	KVMY - KVCV	2.3	1		RNAV 17/VCV, ILS 17/VCV x 2 SE, LOC 17 CTL 21/VCV
Mock checkride elements in Chino and Victorville. Maneuvering flight and approaches							
4/1/14	E50P	N100EQ	KVCV - KCNO	1.1	2		LOC 26R circle 21/CNO
V1 cuts VCV, circling approach Chino							
4/2/14	E50P	N100EQ	KCNO - KCNO	0.6	1		ILS 26R/CNO
V1 cut, SE ILS Chino							
4/2/14	E50P	N100EQ	KCNO - KCNO	1.2	2		ILS 26R/CNO x 2
V1 cuts, 2 x SE ILS Chino.							
4/3/14	E50P	N100EQ	KCNO - KVCV - KCNO	1.7	1	0.4	RNAV 17/VCV, ILS 26R/CNO
Full procedure RNAV approach, ILS Chino. Mock checkride.							