



U.S. Department of Transportation  
Federal Aviation Administration

# Airman Certificate and/or Rating Application

## I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):

Certificates		Ratings				Other Information/Requests			
Pilot: <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Flight <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Ground <input checked="" type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP		Instructor: <input type="checkbox"/> Flight <input type="checkbox"/> Ground Category and/or Class: <input type="checkbox"/> ASE <input checked="" type="checkbox"/> AME <input checked="" type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Helicopter <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Airship <input type="checkbox"/> Powered-Lift Type Rating: <input type="checkbox"/> Added Rating				Instrument: <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered-Lift Ground Instructor: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Instrument <input type="checkbox"/> Initial <input type="checkbox"/> Reexamination <input type="checkbox"/> Instrument Proficiency Check <input type="checkbox"/> Renewal <input type="checkbox"/> Reissuance <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Reinstatement <input type="checkbox"/> Flight Review <input type="checkbox"/> Limitation Removal Specify other: <input type="checkbox"/> IPL			

A. Name (Last, First, Middle) **SHURE, DANIEL CHARLES EDWARD** B. SSN (U.S. Only) **DO NOT USE** C. Date of Birth **MM/DD/YYYY** D. Place of Birth (City and State) or (City and Country)

E1. Residential Address (Including City, State, Zip Code, and Country)  
**RENTON, WA 98056**

E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.)

F. Citizenship / Nationality  USA  Other  
specify:

G. Do you read, speak, write, & understand the English language?  Yes  No

H. Height (inches) **MM** I. Weight (pounds) **MM** J. Hair Color **MM** K. Eye Color **MM** L. Sex  Male  Female

M. Do you hold, or have you ever held an FAA certificate?  Yes  No M1. Grade of Certificate **Commercial** M2. Certificate Number **MM** M3. Date Issued **03/04/2014**

N. Do you hold a Medical Certificate?  Yes - FAA  Yes - Foreign  Yes - Military  No N1. Class of Medical Certificate **Class 1** N2. Name of Medical Examiner **DR RICHARD A PELLERIN** N3. Date Issued **11/25/2015**

O. 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? Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-3, Airman Medical Application Form.  Yes  No O1. Date of Final Conviction

## II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

A. Completion of Test or Activity 1. Aircraft to be used (If flight test required) **CE-310-F** 2. Total time in this aircraft and/or approved FFS or FTD (hours) **4.0** a. Flight Time **4.0** b. As Pilot-in-Command **4.0**

B. U.S. Military Competence or Experience 1. U.S. Military Service **US Air Force** 2. Date Rated in U.S. Military **06/14/2013** 3. Rank or Grade **Capt**

C. Graduate of an Approved Course 1. Training Agency or Training Center: 1a. Name 1b. Location (City and State) 1c. Certification Number 1d. Part 142?  Yes  No 2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating) 3. Date

D. Holder of Foreign License 1. Country that Issued the Foreign Pilot License 2. Grade of Foreign Pilot License 3. Foreign Pilot License Number 4. Ratings Held on Foreign Pilot License (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.)

E. Air Carrier Training Program 1. Name of Air Carrier 2. Date Training Began 3. Accomplished Training Program  Initial  Upgrade  Transition  Recurrent

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

	Total	Instruction Received	Solo	PIC and SIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Class Totals				Number of				
													SEL	MEL	SES	MES	Flights	Aero-Tows	Ground Launches	Powered Launches	
Airplanes	950	281		PIC 377 SIC 239			PIC 350 SIC 200	162			PIC 100 SIC 94			SEL	MEL	SES	MES				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC			Helicopter		Gyroplane					
Powered Lift				PIC SIC			PIC SIC				PIC SIC										
Gliders				PIC SIC																	
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC			Balloon		Airship					
FFS																					
FTD																					
ATD																					

IV. Have you previously failed the practical test for the certificate or rating for which you are applying?  Yes  No If Yes, enter date of last disapproval

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 received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant **MM** Date **05/04/2016**



<b>Instructor Action</b>				
<input type="checkbox"/> Flight Review <input type="checkbox"/> Instrument Proficiency Check <input checked="" type="checkbox"/> Recommendation - I have personally instructed the applicant and consider this person ready to take the test.				
Date 05/04/2016	Certified Flight Instructor's Signature (Print Name & Sign) MICHAEL JONATHAN JONES	Certificate Number [REDACTED]	CFI Certificate Expires 04/30/2017	
<b>Air Agency's Recommendation</b>				
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		
<b>Designated Examiner or Airman Certification Representative Report</b>				
<input type="checkbox"/> Student Pilot Certificate Issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and I certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below. <input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.				
<input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> 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)	
Date	Examiner's Signature (Print Name & Sign)	Certificate Number	Designation Number      Designation Expires	
<b>Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))</b>				
	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"/>	_____	_____
<b>Aviation Safety Inspector or Technician Report</b>				
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. (The approved box need only checked if the Inspector is the one that issued the temporary airman certificate)				
<input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.				
<input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> 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	
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)		Type(s) of Aircraft Used	Registration No.(s)	
<b>Certification Activities:</b> <input type="checkbox"/> Examiner's Recommendation Provided/Reviewed <input type="checkbox"/> Ground Instructor Certificate Issued <input type="checkbox"/> Flight Instructor Certificate Issued <input type="checkbox"/> Student Pilot Certificate Issued <input type="checkbox"/> Basic <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reissue or exchange of pilot, CFI, or G.I. certificate <input type="checkbox"/> Advanced <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Change of name, nationality, gender or date of birth <input type="checkbox"/> Instrument <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91) <input type="checkbox"/> Military Instructor Proficiency Check				
<b>Certificate or Rating Based on:</b> <input type="checkbox"/> Approved FAA Qualification <input type="checkbox"/> Military Competency Criteria Not Identified on Page 1 <input type="checkbox"/> Foreign License <input type="checkbox"/> Special medical test conducted - report forwarded to Issuing medical office or AAM-300 <input type="checkbox"/> Special Test-Reexamination (44709) conducted <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
Training Course (FIRC) Name		Graduation Certificate Number	Date of FIRC Graduation Certificate	
Date	Inspector's Signature (Print Name & Sign)	Certificate Number	FAA Office (e.g. SO-15, WP-19)	
<b>Attachments:</b>		<b>Applicant Information (required if printed on 2 pages)</b>		
<input type="checkbox"/> Student Pilot Certificate (Copy) <input type="checkbox"/> College Transcript (Official) <input type="checkbox"/> ATP CTP Graduation Certificate <input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate		<b>Airman's Identification (ID) (U.S. driver's license or passport recommended)</b> Form of ID <b>Drivers License</b> ID Number (If issued by State, include State) Expiration Date (must be valid) <b>08/18/2021</b> Telephone Number REMARKS from Inspector or Examiner :		
		Name <b>DANIEL C.E. SHURE</b> Date of Birth [REDACTED] Certificate Number [REDACTED] E-Mail Address [REDACTED]		

**AIRLINE TRANSPORT PILOT  
AERONAUTICAL EXPERIENCE  
FAR 61.159 (a)  
(08/14)**

APPLICANT DANIEL SHURE DATE 05 / 05 / 20 16

1500 HOURS TOTAL	950	HRS
500 Hours Cross Country	550	HRS
100 Hours Night Time	194	HRS
50 Hours in Class of Aircraft (MEL)	612	HRS
25 Hours <b>MAX</b> Full Flight Simulator	NA	HRS
Approved training course: Part 121, 135, 141, or 142 No FTD / ATD allowed		
75 Hours Instrument Actual / Simulated	162	HRS
Simulator / FTD must represent an airplane		
25 Hours Instrument <b>MAX</b> Simulator / FTD	NA	HRS
50 Hours Instrument <b>MAX</b> Simulator / FTD	NA	HRS
Part 142 only		
250 Hours Airplane PIC or SIC Under Supervision of a PIC	616	HRS
100 Hours XC	350	HRS
25 Hours Night	100	HRS
100 Hours <b>TT MAX</b> Simulator / FTD Airplane	NA	HRS
Approved training course: Part 121, 135, 141, or 142		

After 20 night takeoffs and landings full stop, may substitute each additional takeoff and landing to a full stop for 1 hour of night flight time.

25 Hours MAX Night Time Credited	NA	HRS
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**SIC flight time** allowed toward 1500 TT is acquired in an airplane and required to have more than one pilot crewmember by the AFM, Type Certificate or Regulations conducted under Subpart K of Part 91, 121, or 135 for which an SIC is required.

**Flight-Engineer flight time** allowed toward 1500 TT is acquired in an airplane and required to have a Flight-Engineer by the AFM, Type Certificate conducted Under Part 121 is required or U.S. Armed Forces required by a flight manual.

**One hour maybe credited for each 3 hours of Flight-Engineer flight time not to exceed 500 hours.**

NOTES: