

**Factual Report – Attachment 3**  
**Pilot Information**

**OPERATIONAL FACTORS**

WPR19MA177

**JEROME RENCK**

Age: 42

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**OBJECTIVE**

**Pilot / First Officer**

**PILOT CREDENTIALS**

**970 Total Flight Hours**

- 867 Pilot In Command
- 634 Cross-Country
- 578 Multi-Engine, of which 519 PIC
- 154 Turboprop, of which 123 PIC
- 97 Instrument
- 79 Night

Aircrafts trained on: Aztec PA23-250T, Seneca II PA34-200T, Cherokee PA28, Cessna 402, King Air A90, King Air C90GTx with ProLine21, King Air B90, Pilatus PC-12NG with Honeywell Primus Apex

FAA CPL Multi-Engine Land Airplane, Instrument Rating, High Performance and Complex  
Medical: Class II

**EXPERIENCE**

**Jump Pilot: King Air A90**

Oahu Parachute Center – Hawaii  
March 2019 – Present

**Survey Pilot: Aztec PA23-250T**

JAV Imagery – St. George, Utah  
Part 91 aerial survey operator  
March 2018 – February 2019

**First Officer: King Air C90GTx**

Riter Aviation – Torrance, CA  
Part 91 operator flying a King Air C90GTx  
Several International flights to Mexico  
April 2017 – March 2018

**EDUCATION**

**Master of Business Administration**

HEC Paris/ Chicago University GSB - Graduated 2004

**Bachelor of Science in International Business**

Northeastern University, Boston - Graduated 1999

**II. TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT

IV. JEROME JEAN LUCIEN RENCK

V.



DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
[REDACTED]	[REDACTED] in	[REDACTED] lbs	[REDACTED]	[REDACTED]	M	FRANCE

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: COMMERCIAL PILOT

**Ratings and Limitations**

INSTRUMENT AIRPLANE; AIRPLANE MULTIENGINE LAND; PRIVATE PILOT PRIVILEGES;  
AIRPLANE SINGLE ENGINE LAND

ENGLISH PROFICIENT



XIII.

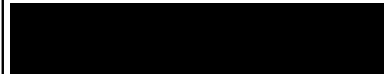
THIS IS  AN ORIGINAL ISSUANCE  A REISSUANCE OF THIS DATE OF SUPERSEDED AIRMAN CERTIFICATE  
GRADE OF CERTIFICATE 11/13/2017

BY DIRECTION OF THE ADMINISTRATOR

EXAMINER'S DESIGNATION NO.  
OR INSPECTOR'S REG NO.

X. DATE OF ISSUANCE  
12/13/2017 12:30:28 PM

X. SIGNATURE OF EXAMINER OR INSPECTOR



DATE DESIGNATION EXPIRES  
5/31/2018

vii Airman's Signature

**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 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
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.

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ii. **TEMPORARY AIRMAN CERTIFICATE**

THIS CERTIFIES THAT iv. JEROME JEAN LUCIEN RENCK  
v. [REDACTED] L  
YUCATIPA CA 92399

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY	vi.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	M	FRANCE	

ix. [REDACTED] 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  
**COMMERCIAL PILOT**

RATINGS AND LIMITATIONS

xii. INSTRUMENT AIRPLANE; AIRPLANE MULTIENGINE LAND; PRIVATE PILOT PRIVILEGES; AIRPLANE SINGLE ENGINE LAND; [LIMITATIONS]: ENGLISH PROFICIENT

xiii.

THIS IS  AN ORIGINAL ISSUANCE  A REISSUANCE OF THIS GRADE OF CERTIFICATE

DATE OF SUPERSEDED AIRMAN CERTIFICATE  
11/13/2017

BY DIRECTION OF THE ADMINISTRATOR

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

x. DATE OF ISSUANCE

xi. SIGNATURE OF EXAMINER OR INSPECTOR  
[REDACTED]

12/13/2017 12:30:28 PM

DATE DESIGNATION EXPIRES

5/31/2018

vii. AIRMAN'S SIGNATURE

**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.

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TYPE OR PRINT ALL ENTRIES IN INK



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
<b>Pilot:</b> <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Flight <input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Ground <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP	<b>Category and/or Class:</b> <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	<b>Ground Instructor:</b> <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) <b>RENCK, JEROME JEAN LUCIEN</b>	B. SSN (US Only) <b>DO NOT USE</b>	C. Date of Birth [REDACTED]	D. Place of Birth (City and State) or (City and Country) <b>LE CHESNEY FRANCE</b>
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E1. Residential Address (Including City, State, Zip Code, and Country) [REDACTED]	E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.) [REDACTED]	F. Citizenship / Nationality <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other <b>FRANCE</b>	G. Do you read, speak, write, & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		H. Height (inches) [REDACTED]	I. Weight (pounds) [REDACTED]
		J. Hair Color [REDACTED]	K. Eye Color [REDACTED]
		L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

M. Do you hold, or have you ever held an FAA certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	M1. Grade of Certificate <b>PRIVATE PILOT</b>	M2. Certificate Number [REDACTED]	M3. Date Issued <b>11/13/2017</b>
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N. Do you hold a Medical Certificate? <input checked="" type="checkbox"/> Yes - FAA <input type="checkbox"/> Yes - Foreign <input type="checkbox"/> Yes - Military <input type="checkbox"/> No	N1. Class of Medical Certificate <b>SECOND CLASS MEDICAL</b>	N2. Name of Medical Examiner <b>MARK KEIDEL, MD</b>	N3. Date Issued <b>5/4/2017</b>
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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? <i>Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O1. Date of Final Conviction
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**II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:**

<input checked="" type="checkbox"/> A. Completion of Test or Activity	1. Aircraft to be used (If flight test required) <b>PA-34-200T</b>	2. Total time in this aircraft and/or approved FFS or FTD (hours)	a. Flight Time <b>15.7</b>	b. As Pilot-in-Command <b>2.1</b>
<input type="checkbox"/> B. U.S. Military Service	1. U.S. Military Service		2. Date Rated in U.S. Military	
<input type="checkbox"/> C. Competence or Experience	4. List Military aircraft for which you have:	a. logged pilot time or provided flight instruction (IP) (make and model)	b. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)	
<input type="checkbox"/> D. Graduate of an Approved Course	1. Training Agency or Training Center:	1a. Name	1b. Location (City and State)	1c. Certification Number
	2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating)			1d. Part 142? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Date			
<input type="checkbox"/> E. 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.)			
<input type="checkbox"/> F. Air Carrier Training Program	1. Name of Air Carrier	2. Date Training Began	3. Accomplished Training Program <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition <input type="checkbox"/> 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	SES	Flights	Aero-Tows	Ground Launches	Powered Launches
Airplanes	268.10	117.90	133.70	168.40	50.90	135.20	135.20	59.90	15.60	55.00	27.80	40.00	SEL	SES				
Rotorcraft													Helicopter	Gyroplane				
Powered Lift																		
Gliders																		
Lighter-Than-Air													Balloon	Airship				
FFS																		
FTD																		
ATD																		

IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate and/or rating for which you are applying?     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 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 [REDACTED]	Date MM/DD/YYYY <b>12/13/2017 11:04:09 AM</b>
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<input type="checkbox"/> Accepted Student Pilot Application - I have personally reviewed the applicants information and verified this person meets the eligibility requirements and verified the applicant's identification <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.		<b>Instructor Action</b>		<input type="checkbox"/> Rejected Student Pilot Application	
Date 12/12/2017 08:53:30 AM		Certified Flight Instructor's Signature (Print Name and Sign) ROBERT MATTHEW RITER E-SIGN		Certificate Number [REDACTED]	
				CFI Certificate Expires 3/31/2019	
<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"/> Accepted - Student Pilot Application <input type="checkbox"/> Rejected Student Pilot Application <input checked="" 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 checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.		<input checked="" type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant. <input checked="" 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) SBD-SAN BERNARDINO INTL, SAN BERNARDINO, CA				Duration of Test	
		Ground / Oral 0.3		FFS / FTD 0.0 0.0	
		Flight 0.7 0.0			
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating) COMMERCIAL PILOT, AIRPLANE MULTIEGINE LAND		Type(s) of Aircraft Used PA-34-200T		Registration Number(s) N38768	
Date 12/13/2017 12:30:28 PM		Examiner's Signature (Print Name & Sign) ERNEST GERARD PITTS E-SIGN		Certificate Number [REDACTED]	
				Designation Number [REDACTED]	
				Designation Expires 5/31/2018	
<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>					
<input type="checkbox"/> Accepted - Student Pilot Application <input type="checkbox"/> Rejected - Student Pilot Application 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)	
Certification Activities: <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"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Basic <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Application for a Student Pilot Certificate Accepted <input type="checkbox"/> Advanced    Instructor Renewal Based On: <input type="checkbox"/> Reissue or exchange of pilot, CFI, or G.I. certificate <input type="checkbox"/> Instrument <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Change of name, nationality, gender or date of birth <input type="checkbox"/> Military Instructor Proficiency Check <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
Certificate or Rating Based on: <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					
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) WP21	
<b>Attachments:</b> <input type="checkbox"/> Certifying Statement <input type="checkbox"/> College Transcript (Official) <input type="checkbox"/> ATP CTP Graduation Certificate <input checked="" type="checkbox"/> Knowledge Test Report <input checked="" type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate		<b>Airman's Identification (ID)</b> (US driver's license or passport recommended) Form of ID PASSPORT FRANCE ID Number (If issued by State, include State) [REDACTED] Expiration Date (must be valid) [REDACTED] Telephone Number [REDACTED] FAA Aviation English Language Proficiency (AELP) <input type="checkbox"/> Meets FAA AELP <input type="checkbox"/> Does Not Meet FAA AELP		<b>Applicant Information</b> (required if printed on 2 pages) Name RENCK, JEROME JEAN LUCIEN Date of Birth [REDACTED] Certificate Number [REDACTED] E-Mail Address [REDACTED]	
		REMARKS :			





Department of Transportation  
Federal Aviation Administration

## Airman Certificate and/or Rating Application

### ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) RENCK, JEROME JEAN LUCIEN  
Social Security Number DO NOT USE  
Certificate Number [REDACTED]  
Date Issued 12/13/2017

Residential Address:

Mailing Address:

Applicant requests the certificate be  
SPECIAL MAILED to:



Map or Directions to Physical Residential Address:

Comments:

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**U.S. DEPARTMENT OF TRANSPORTATION  
Federal Aviation Administration**

**Airman Knowledge Test Report**

**NAME:** JEROME JEAN LUCIEN RENCK

**APPLICANT ID:** [REDACTED]

**EXAM:** COMMERCIAL PILOT AIRPLANE

**EXAM ID:** [REDACTED]

**EXAM DATE:** 8/15/2017

**EXAM SITE:** [REDACTED]

**SCORE:** 97

**GRADE:** PASS

**TAKE:** 1

Learning statement codes listed below represent incorrectly answered questions. Learning statement codes and their associated statements can be found at [www.faa.gov/training\\_testing/testing/media/LearningStatementReferenceGuide.pdf](http://www.faa.gov/training_testing/testing/media/LearningStatementReferenceGuide.pdf). Reference material associated with the learning statement codes can be found in the appropriate knowledge test guide at [www.faa.gov/training\\_testing/testing/test\\_guides](http://www.faa.gov/training_testing/testing/test_guides). A single code may represent more than one incorrect response.

PLT072 PLT206 PLT454

**EXPIRATION DATE:** 8/31/2019

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UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION NOTICE OF DISAPPROVAL OF APPLICATION		NOTE PRESENT THIS FORM UPON APPLICATION FOR REEXAMINATION	
NAME AND ADDRESS OF APPLICANT JEROME JEAN LUCIEN RENCK [REDACTED]		CERTIFICATE OR RATING SOUGHT COMMERCIAL PILOT MULTIENGINE LAND  AIRPLANE	
On the date shown, you failed the examination indicated below:			
<input type="checkbox"/> FLIGHT		<input type="checkbox"/> ORAL	
		<input checked="" type="checkbox"/> PRACTICAL	
AIRCRAFT USED (Make and Model)		FLT. TIME RECORDED IN LOGBOOK	
1) PA-34-200T		2)	
		PILOT-IN-COMMAND OR SOLO 153.5	INSTRUMENT 56.2 DUAL 115.3
UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING IV. TAKEOFFS, LANDINGS, AND GO AROUNDS V. PERFORMANCE AND GROUND REFERENCE MANEUVERS X. MULTIENGINE OPERATIONS  COMMENTS: CA. IV. E. S6, S13; CA. V. A. S3, S6; CA. X. D. S2, S6, S9.			
NUMBER OF FAILURES: 1			
I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate or rating sought			
DATE OF EXAMINATION 12/2/2017	SIGNATURE OF EXAMINER OR INSPECTOR ERNEST GERARD PITTS IACRA E-SIGNED APPLICATION		DESIGNATION OR OFFICE NO. [REDACTED]

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TYPE OR PRINT ALL ENTRIES IN INK



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
<b>Pilot:</b> <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Flight <input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Ground <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP	<b>Category and/or Class:</b> <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	<b>Ground Instructor:</b> <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) <b>RENCK, JEROME JEAN LUCIEN</b>	B. SSN (US Only) <b>DO NOT USE</b>	C. Date of Birth <b>5</b>	D. Place of Birth (City and State) or (City and Country) <b>LE CHESNEY FRANCE</b>
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E1. Residential Address (Including City, State, Zip Code, and Country) [REDACTED]	E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.) [REDACTED]	F. Citizenship / Nationality <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other <b>FRANCE</b>	G. Do you read, speak, write, & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H. Height (inches) [REDACTED]	I. Weight (pounds) [REDACTED]	J. Hair Color [REDACTED]	K. Eye Color [REDACTED]
L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			

M. Do you hold, or have you ever held an FAA certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	M1. Grade of Certificate <b>PRIVATE PILOT</b>	M2. Certificate Number [REDACTED]	M3. Date Issued <b>11/13/2017</b>
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N. Do you hold a Medical Certificate? <input checked="" type="checkbox"/> Yes - FAA <input type="checkbox"/> Yes - Foreign <input type="checkbox"/> Yes - Military <input type="checkbox"/> No	N1. Class of Medical Certificate <b>SECOND CLASS MEDICAL</b>	N2. Name of Medical Examiner <b>MARK KEIDEL, MD</b>	N3. Date Issued <b>5/4/2017</b>
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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? <i>Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O1. Date of Final Conviction
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## II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

<input checked="" type="checkbox"/> A. Completion of Test or Activity	1. Aircraft to be used (If flight test required) <b>PA-34-200T</b>	2. Total time in this aircraft and/or approved FFS or FTD (hours)	a. Flight Time <b>11.1</b>	b. As Pilot-in-Command <b>0.0</b>
<input type="checkbox"/> B. Competence or Experience	1. U.S. Military Service	2. Date Rated in U.S. Military	3. Rank or Grade	
<input type="checkbox"/> C. Graduate of an Approved Course	4. List Military aircraft for which you have:	a. logged pilot time or provided flight instruction (IP) (make and model)	b. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)	
<input type="checkbox"/> D. Holder of Foreign License	1. Training Agency or Training Center:	1a. Name	1b. Location (City and State)	1c. Certification Number
<input type="checkbox"/> E. Air Carrier Training Program	1. Name of Air Carrier	2. Date Training Began	3. Accomplished Training Program <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition <input type="checkbox"/> 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	SES	Flights	Aero-Tows	Ground Launches	Powered Launches
Airplanes	250.60	115.30	120.30	153.50	50.90	122.70	122.70	56.20	14.70	52.00	26.90	40.00	SEL	SES				
Rotorcraft													HELICOPTER	GYROPLANE				
Powered Lift																		
Gliders																		
Lighter-Than-Air													BALLOON	AIRSHIP				
FFS																		
FTD																		
ATD																		

IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate and/or rating for which you are applying?     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 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 [REDACTED]	Date MM/DD/YYYY <b>12/02/2017 02:52:45 PM</b>
--------------------------------------	--

<input type="checkbox"/> Accepted Student Pilot Application - I have personally reviewed the applicants information and verified this person meets the eligibility requirements and verified the applicant's identification <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.		<b>Instructor Action</b>		<input type="checkbox"/> Rejected Student Pilot Application	
Date 12/01/2017 07:57:59 PM		Certified Flight Instructor's Signature (Print Name and Sign) ROBERT MATTHEW RITER E-SIGN		Certificate Number [REDACTED]	
<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"/> Accepted - Student Pilot Application <input checked="" 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 checked="" 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"/> Rejected Student Pilot Application <input checked="" 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 checked="" type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)			
Location of Test (Name of Facility or Airport, City, State) SBD-SAN BERNARDINO INTL, SAN BERNARDINO, CA				Duration of Test	
		Ground / Oral 1.6	FFS / FTD 0.0 0.0		Flight 1.5 0.0
Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating) COMMERCIAL PILOT, AIRPLANE MULTIEGINE LAND		Type(s) of Aircraft Used PA-34-200T		Registration Number(s) N38768	
Date 12/02/2017 06:56:04 PM		Examiner's Signature (Print Name & Sign) ERNEST GERARD PITTS E-SIGN		Certificate Number [REDACTED]	Designation Number [REDACTED]
				Designation Expires 5/31/2018	
<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>					
<input type="checkbox"/> Accepted - Student Pilot Application 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)		<input type="checkbox"/> Rejected - Student Pilot Application			
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)	
Certification Activities: <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"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Basic <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Application for a Student Pilot Certificate Accepted <input type="checkbox"/> Advanced    Instructor Renewal Based On: <input type="checkbox"/> Reissue or exchange of pilot, CFI, or G.I. certificate <input type="checkbox"/> Instrument <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Change of name, nationality, gender or date of birth <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91) <input type="checkbox"/> Military Instructor Proficiency Check					
Certificate or Rating Based on: <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) WP21
<b>Attachments:</b> <input type="checkbox"/> Certifying Statement <input type="checkbox"/> College Transcript (Official) <input type="checkbox"/> ATP CTP Graduation Certificate <input checked="" type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Temporary Airman Certificate <input checked="" type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate		<b>Airman's Identification (ID)</b> (US driver's license or passport recommended) Form of ID PASSPORT FRANCE ID Number (If issued by State, include State) [REDACTED] Expiration Date (must be valid) [REDACTED] Telephone Number [REDACTED] FAA Aviation English Language Proficiency (AELP) <input type="checkbox"/> Meets FAA AELP <input type="checkbox"/> Does Not Meet FAA AELP		<b>Applicant Information</b> (required if printed on 2 pages) Name RENCK, JEROME JEAN LUCIEN Date of Birth [REDACTED] Certificate Number [REDACTED] E-Mail Address [REDACTED]	
		REMARKS :			



Department of Transportation  
Federal Aviation Administration

## Airman Certificate and/or Rating Application

### ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) RENCK, JEROME JEAN LUCIEN  
Social Security Number DO NOT USE  
Certificate Number [REDACTED]  
Date Issued 12/2/2017

Residential Address:

Mailing Address:

Applicant requests the certificate be  
SPECIAL MAILED to:



Map or Directions to Physical Residential Address:

Comments:

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**U.S. DEPARTMENT OF TRANSPORTATION  
Federal Aviation Administration**

**Airman Knowledge Test Report**

**NAME:** JEROME JEAN LUCIEN RENCK

**APPLICANT ID:** [REDACTED]

**EXAM:** COMMERCIAL PILOT AIRPLANE

**EXAM ID:** [REDACTED]

**EXAM DATE:** 8/15/2017

**EXAM SITE:** [REDACTED]

**SCORE:** 97

**GRADE:** PASS

**TAKE:** 1

Learning statement codes listed below represent incorrectly answered questions. Learning statement codes and their associated statements can be found at [www.faa.gov/training\\_testing/testing/media/LearningStatementReferenceGuide.pdf](http://www.faa.gov/training_testing/testing/media/LearningStatementReferenceGuide.pdf). Reference material associated with the learning statement codes can be found in the appropriate knowledge test guide at [www.faa.gov/training\\_testing/testing/test\\_guides](http://www.faa.gov/training_testing/testing/test_guides). A single code may represent more than one incorrect response.

PLT072 PLT206 PLT454

**EXPIRATION DATE:** 8/31/2019

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**ACKNOWLEDGMENT OF RECEIPT OF  
PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION**

I acknowledge that I received the Pilot's Bill of Rights Written Notification of Investigation at the time of this application.

JEROME JEAN LUCIEN RENCK  
Print Name of Applicant

[REDACTED]  
Certificate Number

[REDACTED]  
Date of Birth

Commercial Pilot > Standard > CFR 61 > Original  
Purpose of Application

JEROME JEAN LUCIEN RENCK E-SIGN  
Signature of Applicant  
(Applicant is not required to sign)

DATE 12/2/2017 2:51:36 PM  
MM/DD/YYYY

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\_\_\_\_\_  
Print Name of Designee

\_\_\_\_\_  
Designee's Airman  
Certificate Number

\_\_\_\_\_  
Signature of Designee

DATE \_\_\_\_\_  
MM/DD/YYYY

( Designee's signature signifies the applicant received a written copy of the Pilot's Bill of Rights Notification)