



IACRA

**FAA TYPE RATING
8710 APPLICATION WORKSHEET**

SPECIAL NOTE: Please have your current and latest FAA license and medical handy when completing this form.

Name (as it appears on your FAA pilot's license):	
Address - the one on file with the FAA, (normally that would be your last medical):	
If you want a NEW or DIFFERENT address used, what address do you want?	
If EITHER address is not a PHYSICAL location (example, a PO BOX or RR#), then I need detailed directions to your residence.	
Social Security number:	
Phone number including area code:	
E-mail address:	
Medical: class, date, and Physicians name (including MD or DO)	
Date of birth, Birth city, State and Country	
Nationality and do you hold a DUAL citizenship from another country?	
GOVERNMENT ISSUED photo and ID information: Type of ID using, number, Expiration date. (Example: US passport number and expiration date OR US drivers license number and expiration date.)	
FAA license(s) held: ATP or Commercial: FAA pilot licenses number and date issued:	<input type="checkbox"/> ATP #: <input type="checkbox"/> Commercial date issued:
<i>RATINGS AND LIMITATIONS ON YOUR LICENSES: (LIST EVERYTHING ON YOUR LICENSE)</i>	
If you hold only a Commercial license now, I need your Airman Knowledge ATP Test EXAM ID# and date:	Airman Knowledge Test ATP Exam ID # _____ Date _____

If you have a new FAA license or CFI renewal recently through the FAA IACRA (computer) system, I will need the following: FTN#, user name, and password:

New FAA License #:	FTN #:	User Name:	Password:
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FLIGHT TIMES (IF YOUR TIME IS NOT DOCUMENTED), ESTIMATE THE TIMES

Total Flight Time		Cross Country Pilot in command time: (PIC)		Actual instrument time:		Number of night T/OFFS and Landings:	
Total Pilot in command time: (PIC)		Cross Country Second in command time: (SIC)		Night time: (PIC)		Night student time:	
Total Second in command time: (SIC)		Cross Country instrument, student time received:		Night time: (SIC)			

Please E-mail or mail a copy or your license(s) (front and back) and a copy of your medical to: **MR. NEAL REINIG**
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 E-mail: Nreinig@earthlink.net