

# Instructions to Fill Out 8710 for Flight Instructor Renewal Using FIRC

Have your CFI Card out and use it as reference when filling out your 8710.

TYPE OR PRINT ALL ENTRIES IN INK

Form approved OMB No: 2120-0021  
08/31/2019

## 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
<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP	<input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Airship <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Powered-Lift <input type="checkbox"/> Added Rating	<input type="checkbox"/> Initial <input type="checkbox"/> Reexamination <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reissuance <input type="checkbox"/> Flight Review <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Limitation Removal <input type="checkbox"/> IPL

A. Name (Last, First, Middle) \_\_\_\_\_ B. SSN (US Only) \_\_\_\_\_ C. Date of Birth \_\_\_\_\_ D. Place of Birth (City and State) or (City and Country) \_\_\_\_\_

E1. Residential Address (Including City, State, Zip Code, and Country) \_\_\_\_\_ E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1) \_\_\_\_\_

F. Citizenship / Nationality ☐ USA ☐ Other \_\_\_\_\_ G. Do you read, speak, write, & understand the English language? ☐ Yes ☐ No

H. Height (inches) \_\_\_\_\_ I. Weight (pounds) \_\_\_\_\_ J. Hair Color \_\_\_\_\_ K. Eye Color \_\_\_\_\_ L. Sex ☐ Male ☐ Female

M. Do you hold, or have you ever held an FAA pilot certificate? ☐ Yes ☐ No M1. Grade of Certificate \_\_\_\_\_ M2. Certificate Number \_\_\_\_\_ M3. Date Issued \_\_\_\_\_

N. Do you hold, or have you ever held a Medical Certificate? ☐ Yes - FAA ☐ Yes - Foreign ☐ Yes - Military ☐ No N1. Class of Certificate \_\_\_\_\_ N2. Name of Medical Examiner \_\_\_\_\_ N3. Date Issued \_\_\_\_\_

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 8500-8, 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)

2. Total time in this aircraft and/or approved FFS or FTD (hours):

a. Flight Time \_\_\_\_\_ b. As Pilot-in-Command \_\_\_\_\_

3. Rank or Grade \_\_\_\_\_

☐ B. U.S. Military Service

1. U.S. Military Service

2. Date Rated in U.S. Military \_\_\_\_\_

3. Rank or Grade \_\_\_\_\_

☐ 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	Number of				
													Flights	Aero-Tows	Ground Launches	Powered Launches	
Aircraft				PIC			PIC				PIC	PIC	Glider				
Rotorcraft				PIC			PIC				PIC	PIC	Lighter-than-air				
Powered Lift				PIC			PIC				PIC	PIC	Aircraft	SE	ME	SES	MES
Glider				PIC			PIC				PIC	PIC	Rotorcraft				
Lighter-Than-Air				PIC			PIC				PIC	PIC	Lighter-than-air	SE	ME	SES	MES
FFS				PIC			PIC				PIC	PIC	FFS				
FTD				PIC			PIC				PIC	PIC	FTD				
ATD				PIC			PIC				PIC	PIC	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 this form is 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 \_\_\_\_\_ Date \_\_\_\_\_

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1. Check only two boxes: **Flight Instructor** and **Renewal**

2. Fill out boxes: A – O using your CFI certificate as a guide.

- The name must appear as it does on your current card. *You can only change name with the FSDO.*
- If you have no middle name you must write "NMN" in place of your middle name.
- If you wish to not print your SSN, write "DO NOT USE" in box B.
- Your citizenship must match your current card. *You can only change citizenship with the FSDO.*
- Your height can not change by more than 2 inches.
- The only item that can be different is your address – *but be sure to use a home address NOT a commercial address.*
- Dates should use the format: Month/Day/Year - **01/01/2017**
- Don't forget to answer the "drug" question on line "O".

3. Mark "no" for the question in box IV.

4. Sign the application and use the date that you completed the FIRC as the date for signature.

5. Mail 8710 to:

eFIRC Processing  
AOPA Air Safety Institute  
421 Aviation Way  
Frederick, MD 21701

6. Send us copies of your government issued photo ID and CFI card front and back. *You can either scan and upload the images on our "[submit application for renewal](#)" section of the eFIRC. (you can just click on [this hyperlink](#)) or you may send copies in the mail along with your 8710.*