

# FAA Form 8110-14, Statement of Qualifications

Organizations complete only the applicable blocks and attach separate resumes with the names, signatures, titles, and qualifications of those persons who would actually perform the authorized functions.

| <b>STATEMENT OF QUALIFICATIONS<br/>(DAR-DMIR-DER)</b>   |   | Form Approved OMB-2120-0033<br>Expiration Date 08-31-2013   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
|---|---|---|-----------------------------|------------------|-----------------|-----------------------------|------------------|------|----|--|--|--|--|--|
| US Department of Transportation<br>Federal Aviation Administration  |   | <b>3. U.S. CITIZEN</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                            |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> <i>Print or type all entries except signatures</i>   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>1. NAME</b> (Last, first, middle) OR ORGANIZATION  |   | <b>4. DATE OF BIRTH</b>   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>2. BUSINESS OR COMPANY ADDRESS</b> (Number, street, city, state, and ZIP code)   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>5. BUSINESS PHONE NUMBER</b>   | <b>6. BUSINESS FAX NUMBER</b>   | <b>7. EMAIL ADDRESS</b>   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>8. DESIGNATION SOUGHT</b>  |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <input type="checkbox"/> Designated Engineering Representative (DER)  | <input type="checkbox"/> Structural Engineering<br><input type="checkbox"/> Powerplant Engineering            | <input type="checkbox"/> Engine Engineering<br><input type="checkbox"/> Propeller Engineering                     |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <input type="checkbox"/> Company<br><input type="checkbox"/> Consultant   | <input type="checkbox"/> Systems and Equipment Engineering<br><input type="checkbox"/> Acoustical Engineering | <input type="checkbox"/> Flight Analyst<br><input type="checkbox"/> Flight Test Pilot                             |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <input type="checkbox"/> Manufacturing Function(s)  |   | <b>Note:</b><br>A separate application must be submitted for each discipline, i.e., Manufacturing or Engineering. |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <input type="checkbox"/> Designated Airworthiness Representative (DAR)  |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <input type="checkbox"/> Designated Manufacturing Inspection Representative (DMIR)  |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| Applicants shall identify specific function(s) for which appointment is sought:   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>9. EXPERIENCE RESUME FOR NUMBER OF YEARS, AS APPROPRIATE, PERTINENT TO DESIGNATION SOUGHT. (Use additional sheets if necessary)</b>  |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Dates</th> <th rowspan="2">Employer's Name</th> <th rowspan="2">Position Title and Duties</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>   |   |   | Dates                       |                  | Employer's Name | Position Title and Duties   | From             | To   |    |  |  |  |  |  |
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| From  | To  |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
|   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>10. EDUCATION AND TRAINING HIGH SCHOOL LEVEL AND ABOVE PERTINENT TO DESIGNATION SOUGHT.</b>  |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
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| From  | To  |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
|   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>11. FAA CERTIFICATES NOW HELD PERTINENT TO DESIGNATION SOUGHT.</b>   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Type</th> <th>Certificate No.</th> <th>Rating</th> <th>Date Each Rating Issued</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>   |   |   | Type                        | Certificate No.  | Rating          | Date Each Rating Issued     |                  |      |    |  |  |  |  |  |
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|   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>12. EMPLOYER'S RECOMMENDATION:</b>   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| I recommend the person identified above be appointed as:  |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <input type="checkbox"/> Designated Engineering Representative  | <input type="checkbox"/> Designated Manufacturing Inspection Representative                                   | <input type="checkbox"/> Designated Airworthiness Representative  |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>Date</b>   | <b>Primary Business</b>   | <b>Signature</b>  |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>13. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED IF DIFFERENT THAN BLOCK 2.</b>   |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| Address   | Telephone Number  | EMAIL Address (Optional)  |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| <b>14. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that I am familiar with the Federal Aviation Regulations pertinent to the designation sought.</b>  |   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |
| Date  | Signature   |   |                             |                  |                 |                             |                  |      |    |  |  |  |  |  |