



RESULTS OF KNOWLEDGE TESTS										REMARKS:
GENERAL			AIRFRAME			POWERPLANT				
Date			Date			Date				
Take			Take			Take				
Score			Score			Score				
RESULTS OF ORAL AND PRACTICAL TESTS										
MECHANIC										
I. GENERAL - Airframe and Powerplant										
ORAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
QUES. NO.										
PRACTICAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
PROJECT NO.										
II. AIRFRAME STRUCTURES										
ORAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
QUES. NO.										
PRACTICAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
PROJECT NO.										
III. AIRFRAME SYSTEMS AND COMPONENTS										
ORAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
QUES. NO.										
PRACTICAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
PROJECT NO.										
IV. POWERPLANT THEORY AND MAINTENANCE										
ORAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
QUES. NO.										
PRACTICAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
PROJECT NO.										
V. POWERPLANT SYSTEMS AND COMPONENTS										
ORAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
QUES. NO.										
PRACTICAL TEST			<input type="checkbox"/> PASS			EXPIRATION DATE: _____				<input type="checkbox"/> FAIL
PROJECT NO.										
AIRMAN'S IDENTIFICATION:										
Form of ID: _____		Date of Birth: _____			E-Mail Address: _____					
ID Number: _____		Expiration Date: _____			Telephone Number: _____					
DESIGNATED EXAMINER'S REPORT										
I have personally tested this applicant in accordance with pertinent procedures and standards, and I have indicated the result as:										
<input type="checkbox"/> APPROVED (<i>Temporary Certificate Issued</i>)			<input type="checkbox"/> APPROVED (<i>Temporary Certificate NOT Issued</i>)							
<input type="checkbox"/> DISAPPROVED										
ATTACHMENTS			<input type="checkbox"/> REPORT OF WRITTEN TEST			<input type="checkbox"/> SUPERSEDED CERTIFICATE				
			<input type="checkbox"/> TEMPORARY CERTIFICATE			<input type="checkbox"/> LETTER				
DATE TEST COMPLETED _____			EXAMINER'S NAME AND SIGNATURE _____				DESIGNATION NO. _____			
APPLICANT'S CERTIFICATION										
THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE										
HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY STATUTES RELATED TO PSYCHOACTIVE SUBSTANCES?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.						SIGNATURE: _____		DATE: _____		
GACA INSPECTOR'S REPORT										
I HAVE PERSONALLY -					WITH THE INDICATED RESULT -					
<input type="checkbox"/> EXAMINED THIS APPLICANT'S PAPERS			<input type="checkbox"/> APPROVED							
<input type="checkbox"/> TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.			<input type="checkbox"/> DISAPPROVED							
Date: _____	Inspector's Signature _____			Inspector Name (Print Name) _____			Inspector No. _____			
File Attachments as applicable:										
<input type="checkbox"/> Copy - Foreign License/Certificate (if applicable)			<input type="checkbox"/> Copy/original Knowledge Test Report(s) (as applicable)			<input type="checkbox"/> Copy - GACA Airman Certificate (if applicable)				
<input type="checkbox"/> Copy - Airman ID			<input type="checkbox"/> Evidence of required Experience (if applicable)			<input type="checkbox"/> Copy - Temporary Airman Certificate (if applicable)				
<input type="checkbox"/> Copy - Valid Airman Passport			<input type="checkbox"/> Copy - Official Course Completion Certificate (s) (if applicable)			<input type="checkbox"/> Superseded Airman Certificate (if applicable)				
<input type="checkbox"/> Copy - Official Receipt of Payment (if applicable)			<input type="checkbox"/> Copy - Prior Employment verification (if applicable)			<input type="checkbox"/> Evidence of required Training (if applicable)				