



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 <b>NOT</b> 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 SUPERSEDED CERTIFICATE							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		DATE OF FINAL CONVICTION	
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)					