IACRA Tips & Suggestions

To the applicant:

The information in this document is not meant to be a complete guide for using IACRA. Instead, this is supplemental information that I am providing to help you correctly complete your IACRA application before each practical test (AKA checkride). Your flight instructor should also use this document to carefully check your application before signing it. My hope is that this will save valuable time and reduce your stress at the beginning of each checkride.

There are several other important items that are not addressed in this document because I usually find those items to be completed correctly.

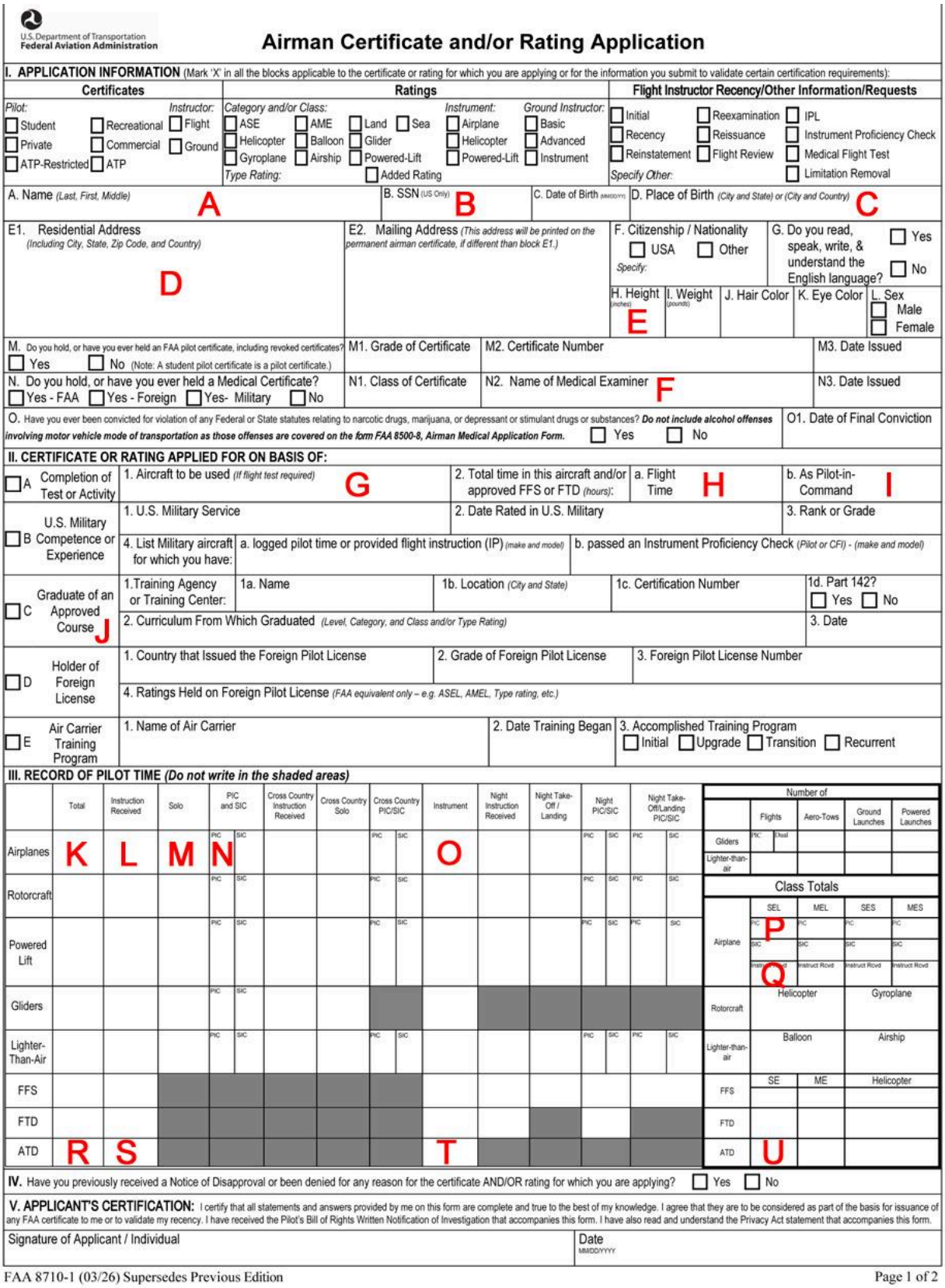
Links to official IACRA help documents are available at: https://iacra.faa.gov/

Please contact me if you have questions, corrections, or other comments related to this document.

Thank you!

Jim Pitman, DPE
FlywithJim.com

The tips and suggestions below are based on the **red letters** shown in this graphic:



U.S. Department of Transportation
Federal Aviation Administration

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 or for the information you submit to validate certain certification requirements):

Certificates

Pilot: ☐ Student ☐ Recreational ☐ Private ☐ Commercial ☐ ATP-Restricted ☐ ATP
Instructor: ☐ Flight ☐ Ground

Ratings

Category and/or Class: ☐ ASE ☐ AME ☐ Land ☐ Sea ☐ Helicopter ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Airship ☐ Powered-Lift
Instrument: ☐ Airplane ☐ Helicopter ☐ Powered-Lift
Ground Instructor: ☐ Basic ☐ Advanced ☐ Instrument
Type Rating: ☐ Added Rating

Flight Instructor Recency/Other Information/Requests

☐ Initial ☐ Recency ☐ Reinstatement ☐ Reexamination ☐ Reissuance ☐ Flight Review ☐ IPL ☐ Instrument Proficiency Check ☐ Medical Flight Test ☐ Limitation Removal
Specify Other:

A. Name *(Last, First, Middle)* **A**
B. SSN (US Only) **B**
C. Date of Birth (MM/DD/YY)
D. Place of Birth *(City and State) or (City and Country)* **C**

E1. Residential Address *(Including City, State, Zip Code, and Country)* **D**
E2. Mailing Address *(This address will be printed on the permanent airman certificate, if different than block E1.)*
F. Citizenship / Nationality ☐ USA ☐ Other *Specify:*
G. Do you read, speak, write, & understand the English language? ☐ Yes ☐ No
H. Height (inches) **E** | 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, including revoked certificates? ☐ Yes ☐ No (Note: A student pilot certificate is a pilot certificate.)
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 **F** | 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 form FAA 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)* **G** | 2. Total time in this aircraft and/or approved FFS or FTD *(hours)*: a. Flight Time **H** | b. As Pilot-in-Command **I**

☐ B U.S. Military Competence or Experience: 1. U.S. Military Service | 2. Date Rated in U.S. Military | 3. Rank or Grade
4. List Military aircraft for which you have: a. logged pilot time or provided flight instruction (IP) *(make and model)* | b. passed an Instrument Proficiency Check *(Pilot or CFI) - (make and model)*

☐ C Graduate of an Approved Course **J**: 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
Airplanes	**K**	**L**	**M**	**N**				**O**				
Rotorcraft												
Powered Lift												
Gliders												
Lighter-Than-Air												
FFS												
FTD												
ATD	**R**	**S**						**T**				

Number of

	Flights	Aero-Tows	Ground Launches	Powered Launches
Gliders	PIC / Dual			
Lighter-than-air				

Class Totals

	SEL	MEL	SES	MES
Airplane	PIC **P** / SIC / Instruct Rcvd **Q**	PIC / SIC / Instruct Rcvd	PIC / SIC / Instruct Rcvd	PIC / SIC / Instruct Rcvd
Rotorcraft	Helicopter		Gyroplane	
Lighter-than-air	Balloon		Airship	

	SE	ME	Helicopter
FFS			
FTD			
ATD **U**			

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 form are complete and true to the best of my knowledge. I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me or to validate my recency. 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 / Individual | Date MM/DD/YYYY

FAA 8710-1 (03/26) Supersedes Previous Edition

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A

The IACRA and 8710-1 instructions both clearly state that airmen are to enter their “Full Legal Name” on every application. This means abbreviations and initials are not acceptable. If one or more of your middle names is a letter (not an abbreviation), that is fine. Some DPEs are better at checking this than others. Just because something worked in the past does not necessarily mean it will be okay for future checkrides.

You must present a current, unexpired government-issued photo ID acceptable to the FAA. Make sure the full legal name used in IACRA is consistent with your FAA records, knowledge test report (if applicable), and identification. If your ID uses a nickname, abbreviation, or otherwise differs, contact your DPE before scheduling the checkride.

A change to your legal name must be processed by your local FSDO before your checkride.

Please contact your DPE as soon as possible if you have questions/concerns about your name and/or ID.

B

The SSN is not required. If you have one, I suggest checking the box in IACRA that says, “Do Not Use.”

C

Be sure to enter your place of birth, not your current place of residence.

D

Enter your current residential address. If your permanent mailing address has changed, notify the FAA within 30 days as required by 14 CFR 61.60. Updating it before submitting the application will help prevent an address mismatch.

E

Ensure these items are correct. Let your DPE know if any of the data on your current FAA certificate is incorrect. It’s okay for your weight to fluctuate, but your height, hair color, eye color, and sex should match.

F

Ensure the doctor’s name exactly matches your most recent medical certificate. If you are operating under BasicMed, enter ‘BASICMED’ for the class and leave the medical examiner and date-issued fields blank.

G

Items G, H, and I are about the aircraft being used for your checkride. This row corresponds to section 2 of the IACRA application. If using a Cessna 172 for the checkride, I recommend searching for “CE-172” and then selecting the first one on the list (CE-172-172). This is the selection I generally recommend for the Cessna 172 series.

H

This is your total flight time in the make/model of airplane entered for item G. If all of your flight experience is in this type of airplane, this number should be the same as item K.

I

This is your total PIC time in the make/model of airplane entered for item G. If all of your airplane PIC time is in that make/model and you have no SIC time, this number should be the same as item N.

J

If you graduated from a Part 141 course, ensure all of the information in this section (including the graduation date) matches your signed graduation certificate. Be sure to also bring that signed certificate to your checkride.

Note: Items K through U correspond to section 5 of the IACRA application. It’s a bit confusing, but basically each column in section 5 of IACRA corresponds to one of the rows shown on the printed application.

K

This is your total time in all types of airplanes. If you have flown more than one make/model, this number should be larger than the number entered for item H.

If you are a private pilot applicant on your first checkride: K should = L + M

If you have flight time from one or more prior practical tests that was properly logged as PIC—but was neither instruction received nor solo—and you have no other non-training airplane time, K should equal L + M + that properly logged practical-test flight time.

L

Enter total instruction received in all airplanes. This number cannot be greater than item K. Do not include device time in this airplane field; report it in the applicable FFS, FTD, or ATD fields.

M

Solo = Sole occupant of the aircraft. Only enter the time that you flew by yourself.

N

Enter your total airplane PIC and SIC time. For most private, instrument, and commercial airplane applicants, SIC will be zero. Include all time you are legally entitled to log as PIC under §61.51, plus any legitimate SIC time. Do not count the same flight twice merely because you both acted as and logged PIC. Here's a good article that explains what that means.

If you are a private pilot applicant on your first checkride, N will be the same as M.

O

This is all instrument time in airplanes—simulated plus actual. Do not include FFS, FTD, or ATD time here.

P

This is all PIC time in single-engine land airplanes. If all of your airplane PIC time is in single-engine land airplanes and you have no SIC time, this should be the same as item N.

Q

This is all instruction received in single-engine land airplanes. If all of your airplane instruction was received in single-engine land airplanes, this should be the same as item L.

R

Only enter time in an FAA-approved ATD or FAA-qualified FTD or FFS, supported by the appropriate records. An ATD should have a current FAA letter of authorization. An FTD or FFS is qualified under Part 60 and documented by a Statement of Qualification. Enter the time in the applicable device field. Leave blank if you have zero sim time.

S

This is total dual instruction received in the sim (FFS, FTD, and/or ATD). For most applicants, it will be the same as item R. Leave blank if you have zero sim time.

T

This is time in the sim (FFS, FTD, and/or ATD) when instrument conditions were being simulated. If your instructor always started the sim and put it right in instrument conditions, or only logged the time you were flying in instrument conditions, this number may be the same as R and S. Otherwise, this number should be something less than R and S. Leave blank if you have zero sim time.

U

Enter the total single-engine time in the sim (FFS, FTD, and/or ATD). For most applicants, this will be the same as items R and S. Leave blank if you have zero sim time.

This document is available at:

https://flywithjim.com/a-z.php#iacra-tips-and-suggestions