



U.S. Department  
of Transportation  
Federal Aviation  
Administration

## INFORMATION FOR APPLICANT

### Paperwork Reduction Act Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0018. Public reporting for this collection of information is estimated to be approximately 48 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain benefits per 14 CFR Part 21. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

## APPLICATION FOR TYPE CERTIFICATE, PRODUCTION CERTIFICATE, OR SUPPLEMENTAL TYPE CERTIFICATE

### Privacy Act Statement

Privacy Act Statement (5 U.S.C. § 552a(e) (3))

**Authority:** The authority for collecting this information on FAA Form 8110-12, Application for Type Certificate, Production Certificate, or Supplemental Type Certificate is contained in [49 U.S.C. § 44103](#) as implemented by [14 CFR Part 21](#).

**Purpose:** The information collected is used to evaluate an applicant's application for a Type Certificate, Production Certificate, or Supplemental Type Certificate.

**Routine Uses:** In accordance with the Privacy Act System of Records Notice (SORN), [DOT/FAA 801, Aircraft Registration System](#), will be routinely disclosed:

- To the public (including government entities, title companies, financial institutions, international organizations, FAA designee airworthiness inspectors, and others) information, including aircraft owner's name, address, United States Registration Number, aircraft type, legal documents related to title or financing of an aircraft, and ADS-B summary reports. Email addresses, credit card information, and telephone numbers of small unmanned aircraft system (sUAS) owners registered under 14 CFR part 48 will not be disclosed pursuant to this Routine Use. The public may only retrieve the name and address of owners of sUAS registered under 14 CFR part 48 by the unique identifier displayed on the aircraft.
- To law enforcement, when necessary and relevant to a FAA enforcement activity.

The Department has also published 15 additional routine uses applicable to all DOT Privacy Act systems of records. These routine uses are published in the Federal Register at 84 FR 55222 - October 15, 2019 and 77 FR 42796 - July 20, 2012, and under "Prefatory Statement of General Routine Uses" (available at <http://www.transportation.gov/privacy/privacyactnotices>).

Disclosure: Submission of the data is voluntary and will become part of Privacy Act System of Records DOT/FAA 830 Representatives of the Administrator. Incomplete submission may result in delay or denial of your request.

**Tear off the cover sheet and instructions before submitting this form.**

## INSTRUCTIONS FOR COMPLETION OF FAA FORM 8110-12 APPLICATION FOR TC, AMENDED TC, PC, STC, OR AMENDED STC

FAA Form 8110-12 is used for application for a TC, Amended TC, PC, STC, or Amended STC. Application for a TC and a PC may be made at the same time if desired. Only the appropriate blocks, as follows, need to be filled out for each type of certificate.

Blocks 1, 2, 3, 4, 5, 6, and 8 for a TC or Amended TC;

Blocks 1, 2, 3, 5, and 8 for a PC;

Blocks 1, 2, 3, 4, 7, and 8 for an STC or Amended STC.

**Block 1.** Enter the name of the party, corporation or organization to whom the TC, Amended TC, PC, STC, or Amended STC will be issued. The name will appear on the certificate exactly as it is entered here.

**NOTE:** The TC holder can either apply to amend the original TC or apply for an STC. If a person is not the TC holder, that person must apply for an STC (Refer to 14 CFR 21.113). Also, only STC holders can apply to amend their own STC.

**Block 2.** Check appropriate block.

**Block 3.** Check appropriate block.

**Block 4.** Enter the address of the party, corporation or organization to whom the TC, Amended TC, PC, STC, or Amended STC will be issued.

**NOTE:** A post office box will not be accepted.

**Block 5.** Complete this block if application is for a TC or Amended TC. Leave blank if application is for a PC, STC, or Amended STC. For Amended TC, give TC number at time of application.

**Block 6.** Complete parts a, b, c, d., and e. of this block if application is for a PC. Give PC number if application is for an amendment to a PC. Leave blank if application is for an original PC. Give TC/STC number if known at time of application, otherwise leave blank. Refer to 14 CFR §§ 21.45 and 21.119.

**NOTE:** A PC is normally not required for production of parts for an STC, they are usually manufactured under a PMA.

**Block 7.** Complete this block if application is for an STC or Amended STC. For Amended STC, give STC number at time of application. For One-only STCs, also complete Block 7.f.

**Block 8.** Obtain the signature of the certifying official. The certifying official must be the holder or the person duly authorized to sign for the holder, company, or corporation.



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**APPLICATION FOR TYPE CERTIFICATE,  
PRODUCTION CERTIFICATE, OR  
SUPPLEMENTAL TYPE CERTIFICATE**

|                      |  |       |  |
|----------------------|--|-------|--|
| 1. Name Of Applicant | 2. Application made for :<br><input type="checkbox"/> Type Certificate <input type="checkbox"/> Production Certificate<br><input type="checkbox"/> Supplemental Type Certificate <input type="checkbox"/> Amended Type Certificate<br><input type="checkbox"/> Amended Supplemental Type Certificate |       | 3. Product Involved:<br><input type="checkbox"/> Aircraft<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Propeller |
| 4. Address           | City   | State | Zip Code   |

**5. TYPE CERTIFICATE (Complete item 5a) or AMENDED TYPE CERTIFICATE (Complete items 5a, 5b and 5c)**

a. Model designation(s) (All models listed are to be completely described in the required technical data, including drawings representing the design, material, specifications, construction, and performance of the aircraft, aircraft engine, propeller which is the subject of this application.)

b. Description of modification

c. Existing Type Certificate No.

**6. PRODUCTION CERTIFICATE (Complete items 6a-e below. Submit with this form, in manual form, one copy of quality control data or changes thereto covering new products, as required by applicable CFR.)**

|   |  |                    |
|---|--|--------------------|
| a. Factory address (if different from above)  | b. Application is for<br><input type="checkbox"/> New production certificate<br><input type="checkbox"/> Additions to Existing Production Certificate<br><br>(Give P.C. No.) _____ | d. P.C. No.        |
| c. Applicant is holder of or a licensee under a Type Certificate or a Supplemental Type Certificate<br>(Attach evidence of licensing agreement and give certificate number) |  | e. T.C./S.T.C. No. |

**7. SUPPLEMENTAL TYPE CERTIFICATE (complete 7a, b, d-f) or AMENDED SUPPLEMENTAL TYPE CERTIFICATE (Complete items 7a-f below)**

a. Make(s) and model designation(s) of product(s) to be modified

b. Description of modification

c. Existing Supplemental Type Certificate No (if applicable).

|   |  |
|---|--|
| d. Will data be available for sale or release to other persons?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | e. Will parts be manufactured for sale? (Ref. 14 CFR 21.303)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

f. One-Only STC?  Yes     No,    If Yes, will type design be sufficient for reproducibility?  Yes     No

**8. CERTIFICATION – I certify that the above statements are true.**

|                                  |       |      |
|----------------------------------|-------|------|
| Signature of certifying official | Title | Date |
|----------------------------------|-------|------|