

CHECKRIDE APPOINTMENT INFORMATION:

(Please Fill Out Appropriate Appointment & Checklist Items and have this form available at test)

FULL NAME:		PHONE:	
ADDRESS:		EMAIL:	
		FAX:	
		NATIONALITY:	
DATE OF CHECK:	TIME:	LOCATION:	
FLIGHT SCHOOL:		PHONE:	
INSTRUCTOR:		PHONE:	
TRAINED UNDER: PART 61 PART 141		INST. EMAIL:	
CERTIFICATE SOUGHT:		IS THIS CHECKRIDE A RETEST?	
RATING SOUGHT:		IF YES, DEFICIENT AREAS?	
IS THIS AN ADD-ON RATING?			
AIRCRAFT:	MAKE / MODEL:	N#	

REQUIRED DOCUMENTATION CHECKLIST ITEMS for the CHECKRIDE:

<p>BRING YOUR APPLICATION:</p> <p><input type="checkbox"/> 8710-1 APPLICATION (SIGNED BY INSTRUCTOR and / or in IACRA)</p> <p><input type="checkbox"/> PILOTS BILL OF RIGHTS (Signed & Dated)</p> <p>PROVIDE IACRA INFORMATION:</p> <p><input type="checkbox"/> APPLICANTS FTN:</p> <p>PROVIDE SPECIAL CONSIDERATIONS:</p> <p><input type="checkbox"/> DRUG CONVICTION?</p> <p><input type="checkbox"/> MEDICAL CONDITION?</p> <p><input type="checkbox"/> FOREIGN PILOT?</p> <p>PROVIDE & BRING YOUR ORIGINAL TEST RESULTS:</p> <p><input type="checkbox"/> WRITTEN KNOWLEDGE TEST(S) RESULTS?:</p> <p><input type="checkbox"/> KNOWLEDGE / WRITTEN TEST(S) DATE?:</p> <p><input type="checkbox"/> SCHOOL GRADUATION CERTIFICATE? (Part 141):</p> <p>PROVIDE & BRING YOUR PILOT LOGBOOK:</p> <p><input type="checkbox"/> TOTAL FLIGHT TIME:</p> <p><input type="checkbox"/> DUAL FLIGHT TIME:</p> <p><input type="checkbox"/> SOLO FLIGHT TIME:</p> <p><input type="checkbox"/> PIC FLIGHT TIME:</p> <p>PROVIDE & BRING YOUR IDENTIFICATION:</p> <p><input type="checkbox"/> VALID PHOTO IDENTIFICATION #: (DL, PASSPORT, MILITARY, etc.):</p> <p><input type="checkbox"/> EXISTING CERTIFICATE:</p> <p><input type="checkbox"/> EXISTING RATING:</p> <p><input type="checkbox"/> FAA MEDICAL & CLASS & DATE:</p> <p>MAKE AVAILABLE FROM AIRCRAFT:</p> <p><input type="checkbox"/> AIRWORTHINESS CERTIFICATE</p> <p><input type="checkbox"/> REGISTRATION CERTIFICATE</p> <p><input type="checkbox"/> CURRENT POH / RFM</p> <p><input type="checkbox"/> CURRENT WEIGHT & BALANCE</p> <p><input type="checkbox"/> AIRFRAME / ENGINE LOGBOOKS</p> <p><input type="checkbox"/> CURRENT EQUIPMENT LIST</p> <p><input type="checkbox"/> AIRWORTHINESS DIRECTIVE LIST & COMPLIANCE</p> <p><input type="checkbox"/> DUAL CONTROLS</p>	<p>BRING YOUR ENDORSEMENTS / Certificate / Medical / ID:</p> <p><input type="checkbox"/> LOGBOOK General: 3 Hrs Prep 60 Days, Practical Test, Written Test, Deficient Knowledge, TSA</p> <p><input type="checkbox"/> Student: Pre-Solo, Solo M/M, Solo X-C, Airports, M/M 90 Days</p> <p><input type="checkbox"/> For PVT: 3 Hrs Prep 60 Days, Practical Test, Deficient Knowledge</p> <p><input type="checkbox"/> For COM: 3 Hrs Prep 60 Days, Practical Test, Deficient Knowledge</p> <p><input type="checkbox"/> For CFI: 3 Hrs Prep 60 Days, Practical Test, Deficient Knowledge, Full Touchdown Endorsement</p> <p><input type="checkbox"/> IF R-22 OR R-44: SFAR 73 ENDORSEMENTS: Awareness Training, Flight Training, Solo, PIC, 90 Days</p> <p style="text-align: center;">Acknowledgement of Pilot In Command</p> <p>By signing below, the applicant is acknowledging that he or she is acting as Pilot In Command of the aircraft during this practical test as per 14 CFR Part 61.47 & Order 8900.2 Chapter 7, Section 2.</p> <p>Applicant Signature _____</p> <p style="text-align: center;">MAKE SURE YOUR RECCOMENDING INSTRUCTOR IS AVAILABLE DURING THE TEST</p> <p style="text-align: center;">DPE USE ONLY:</p> <p>XC PLANNED: _____ DIVERTED: _____</p> <p>RESULT OF TEST: GD: _____ FT: _____</p> <p>NOTES:</p> <p>PLEASE SEND THIS FORM BACK TO: Robb Grubb • AWA, LLC PO Box 7713, Bend, Oregon 97708 E-MAIL: AWA@AirWaterArt.com WEB: www.AirWaterArt.com</p> <p style="font-size: small;">Page 1 of 1 – 081220162047</p>
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