

CHECKRIDE APPOINTMENT INFORMATION:

*Please fill out appropriate appointment information, review the checklist items and have this form available at test.
NOTE: (R) = Required DMS information to be completed and submitted. Make sure your Recommending Instructor is available.*

(R) FULL NAME:		(R) PHONE:	
(R) ADDRESS: (As listed on your pilot certificate)		(R) EMAIL:	
		FAX:	
		(R) NATIONALITY:	
(R) DATE OF CHECK:	(R) TIME:	(R) LOCATION:	
(R) FLIGHT SCHOOL:		(R) 141 CERT #:	
(R) SCHOOL ADDRESS:		PHONE:	
(R) INSTRUCTOR:		(R) PHONE:	
(R) INSTRUCTOR CFI # & EXPIRATION DATE:			
(R) TRAINED UNDER: PART 61 PART 141		CFI EMAIL:	
(R) CERTIFICATE SOUGHT:		(R) IS THIS CHECKRIDE A RETEST? IF YES, DEFICIENT AREAS?	
(R) RATING SOUGHT:			
(R) IS THIS AN ADD-ON RATING?			
(R) PILOT CERTIFICATE #:		(R) AIRCRAFT:	
(R) FTN #:	(R) MAKE / MODEL:	(R) N#	

REQUIRED DOCUMENTATION CHECKLIST ITEMS for the CHECKRIDE:

<p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">PROVIDE & BRING YOUR ORIGINAL TEST RESULTS:</p> <p><input type="checkbox"/> WRITTEN TEST(s) RESULTS?:</p> <p><input type="checkbox"/> KNOWLEDGE TEST Within 24 MONTHS?:</p> <p><input type="checkbox"/> 141 GRADUATION CERTIFICATE Within 60 DAYS?:</p> <p style="text-align: center;">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 style="text-align: center;">PROVIDE & BRING YOUR IDENTIFICATION:</p> <p><input type="checkbox"/> VALID PHOTO IDENTIFICATION #: (USA DL, Passport, Military)</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 style="text-align: center;">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"/> CURRENT EQUIPMENT LIST</p> <p><input type="checkbox"/> AIRFRAME / ENGINE LOGBOOKS</p> <p><input type="checkbox"/> AIRWORTHINESS DIRECTIVE LIST & COMPLIANCE</p> <p><input type="checkbox"/> DUAL CONTROLS</p> <p style="text-align: center;">NOTE: RECORDING THE TEST IS NOT ALLOWED</p> <p style="text-align: center; font-size: small;">Page 1 of 2 – 111320221754</p>	<p style="text-align: center;">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> <hr/> <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, FAA Order 8000.95 & 8900.2C.</p> <p>Applicant Signature _____</p> <hr/> <p style="text-align: center;">DPE USE ONLY</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">XC PLANNED:</td> <td style="border: none;">DIVERTED:</td> </tr> <tr> <td style="border: none;">RESULT OF TEST:</td> <td style="border: none;">GD: FT:</td> </tr> <tr> <td colspan="2" style="border: none;">NOTES:</td> </tr> </table> <hr/> <p>DMS APPROVAL #:</p> <p>IACRA ID #:</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 25%;">DMS 1 & 2:</td> <td style="width: 25%;">LOD:</td> <td style="width: 25%;">IACRA:</td> <td style="width: 25%;">PAPER:</td> </tr> </table> <hr/> <p>PLEASE SEND THIS FORM BACK TO: </p> <p>Robb Grubb • AWA, LLC PO Box 7713, Bend, Oregon 97708 E-MAIL: AWA@AirWaterArt.com WEB: www.AirWaterArt.com</p>	XC PLANNED:	DIVERTED:	RESULT OF TEST:	GD: FT:	NOTES:		DMS 1 & 2:	LOD:	IACRA:	PAPER:
XC PLANNED:	DIVERTED:										
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NOTES:

I certify that I have been evaluated in all of the required Tasks included in each Area of Operation of this test as listed in the specific PTS / ACS. I agree with the determination / outcome of the practical test.

Applicant Signature: _____ Date: _____ Type of Test: _____