

# Flight Test Request Form

Applicants Full Name \_\_\_\_\_

Type of Test Requested \_\_\_\_\_

Certificate Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

FTN number \_\_\_\_\_

Recommending Instructor \_\_\_\_\_

Certificate Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Airport/Flight School \_\_\_\_\_

Part 61 or 141 \_\_\_\_\_

Aircraft to be used (Make/Model/N number) \_\_\_\_\_

I test Monday - Friday with a morning session and afternoon session

Day of the Week requested \_\_\_\_\_

Morning or Afternoon? \_\_\_\_\_

I run a full schedule and need your commitment and promptness!

(You must be signed off and in IACRA prior to completing this form)

This form must be complete for me to enter required data to obtain an FAA approval for the test.

When completed please forward this form to [martin@haski.com](mailto:martin@haski.com)