

Applicant name:
FTN:
Certificate number:
Phone number:

Email:

Instructor name:
CFI #:
Phone number:

Exp./RE:
Email:

Type of checkride:
Application ID:
Retest # (if applicable):
EOC date (if part 141):
EOC exp. date (if part 141):
Aircraft type:
Aircraft tail #:
DMS Pre-Approval #:

Note: Examiner will fill in DMS Pre-Approval #.

Maintenance summary

Annual: _____
100 hour: _____ Next 100 hour: _____
Altimeter: _____ Transponder: _____
Static: _____ ELT/ELT Batt: _____
GPS if applicable (required for IFR checkride {8900.1, Vol. 5, Chap. 2, Sect. 9, Para 5 – 436}): _____