

The SkyTrain Guide to Creating a Checkride Binder

There is a lot to organize before your checkride. A good checkride binder starts the checkride on the right foot and helps you look organized, if nothing else. Below is a brief guide to organizing a checkride binder. There are examples included, as well as pages for you to use for your own binder.

Please note: None of these documents are to be filled out by the examiner. They are for YOU to organize yourself prior to the checkride.

The * symbol designates the items I would like my own copy of.

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Page 1 – **Completed Applicant's Checklist** (found in the ACS Companion Guide, digital page 24). This is for you, the applicant, to ensure that you have all necessary documents.

Page 2 – **Personal Documents One-Sheet.**

- Make copies of the following onto a single sheet:
 - Government-issued photo ID
 - Pilot certificate (front and back, or just front for student pilot)
 - Medical certificate
 - Some sort of airworthiness checklist or form of MX summary
 - This does not count as aircraft logbooks. You are still required to provide those. This just makes it go smoother and the relevant information easier to access.
 - Plus all relevant information about the applicant and checkride.
- Please make sure your addresses match your IDs and medical, as well as what the FAA knows to be your address.

Page 3 – **Copies of airworthiness certificate and registration.** Please, please, please return these to the aircraft immediately after making a copy.

Page 4 – **Airman Knowledge Test Report.** Check name and validity.

Page 5 – **A copy of your IACRA application,** in case of system outages.

Additional binder items:

- Examiner Fee - Cash in an envelope in the front of the binder is appropriate.
- Approved 141 School Graduation Certificate (if applicable)*
- FAA Form 8060-5, notice of disapproval (if applicable)*

- Letter of discontinuance (if applicable), valid for 60 days *

Additional **optional** binder items:

- Paper Nav Log, if you are into that sort of thing. We accept EFB flight plans.
 - Weight and Balance computations. Again, we accept EFB W&B profiles.
 - Proof of completion of aeronautical requirements, such as a checklist or audit. Examples available at skytrain.biz/documents.
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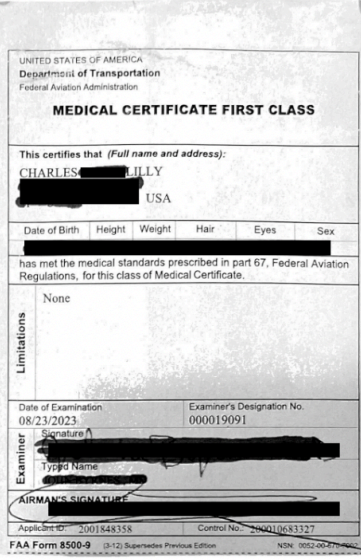


Personal Documents One-Sheet

Please make copies of the following documents onto a **single sheet of paper**:

- Government-issued photo ID
- Pilot certificate (front and back, or just front for student pilot)
- Medical certificate
- Relevant personal information
- Checkride information
- A maintenance summary

Please make sure your addresses match on your IDs and medical, as well as what the FAA knows to be your address.

It may look something like this, but with all information filled in:

 <p>TENNESSEE THE VOLUNTEER STATE</p> <p>DRIVER LICENSE</p> <p>SAMPLE CHARLES 123 MAIN ST APT 1 NASHVILLE, TN 37210 DL NO. 123456789 DOB 06/01/1994 EXP 06/01/2032 ISS 06/07/2024 REST NONE CLASS D END NONE SEX M HGT 5-06" EYES BRO DD 123456789012345 940601 VETERAN</p>	 <p>UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration</p> <p>MEDICAL CERTIFICATE FIRST CLASS</p> <p>This certifies that (Full name and address): CHARLES [REDACTED] LILLY [REDACTED] USA</p> <table border="1"> <tr> <th>Date of Birth</th> <th>Height</th> <th>Weight</th> <th>Hair</th> <th>Eyes</th> <th>Sex</th> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </table> <p>has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.</p> <p>None</p> <p>Limitations</p> <p>Date of Examination: 08/23/2023 Examiner's Designation No.: 000019091</p> <p>Examiner Signature: [REDACTED] Typed Name: [REDACTED]</p> <p>AIRMAN'S SIGNATURE: [REDACTED]</p> <p>Applic ID: 2001848358 Control No: 0010683327</p> <p>FAA Form 8500-9 (3-12) Supersedes Previous Edition NDN: 0002-00-071-9002</p>	Date of Birth	Height	Weight	Hair	Eyes	Sex	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Date of Birth	Height	Weight	Hair	Eyes	Sex								
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]								
 <p>UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION</p> <p>IV NAME: CHARLES [REDACTED] LILLY V ADDRESS: [REDACTED]</p> <p>VI NATIONALITY: USA VII SEX: M HEIGHT: [REDACTED] WEIGHT: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED]</p> <p>IX HAS BEEN FOUND PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF:</p> <p>1. AIRLINE TRANSPORT PILOT II CERTIFICATE NUMBER: [REDACTED] K DATE OF EXPIRATION: [REDACTED]</p> <p>XV ADMINISTRATOR: [REDACTED]</p>	 <p>CHARLES ANDREW LILLY XI RATINGS: [REDACTED] XII ENDORSEMENTS: [REDACTED]</p> <p>VI SIGNATURE OF HOLDER: [REDACTED]</p>												
<p>Applicant name: FTN: Certificate number: Phone number: Email:</p> <p>Instructor name: CFI #: Phone number: Email:</p>	<p>DMS Pre-Approval #:</p> <p>Aircraft Type: Aircraft Tail #:</p> <p>Type of Checkride: Application ID: Retest # (if applicable):</p>												
<p><u>Maintenance summary</u></p> <p>Annual: _____ Next 100 hour: _____</p> <p>100 hour: _____ Transponder: _____</p> <p>Altimeter: _____ ELT/ELT Batt: _____</p> <p>Static: _____</p> <p>GPS (if applicable, but required for IFR checkride (8900.1, Vol. 5, Chap. 2, Sect. 9, Para 5 - 436): _____</p>													
<p>Note: Examiner will fill in DMS Pre-Approval #.</p>													

*This page is for you to make
your own one-sheet.
Please fill in all information.*

Applicant name:
FTN:
Certificate number:
Phone number:

Email:

Instructor name:
CFI #:
Phone number:

Exp./RE:
Email:

Type of Checkride:
Application ID:
Retest # (if applicable):

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, but required for IFR checkride {8900.1, Vol. 5, Chap. 2, Sect. 9, Para 5 - 436}):
