

Hello!

Thanks for scheduling your SMFT ride with me.

Of course, things can happen and you may have to cancel. If you do, please let me know as quickly as possible. There is always a waiting list for Examiners, and someone else can benefit with enough advance notice.

We will meet at the airport on the date/time requested. Please make sure you have the following things with you

- Maintenance records for the airplane. Be sure the required inspections are tagged for easy reference.
- List of Airworthiness Directives
- Airworthiness and Registration documents
- Your Pilot Certificate
- Your Government Issued Photo ID
- Your Medical Certificate (if you have one)

IMPORTANT: *If there is a change in the aircraft you will be using (example: Using a 172M instead of a 172N, or a PA-28-161 instead of a PA-28-181) I need to know just as soon as you become aware of the change. It 'can' be a problem, but doesn't have to be as long as I know as far in advance as possible. It affects IACRA as well as internal paperwork I have to provide to the FAA, so it's a big deal. A change in tail number doesn't matter as long as the model number remains the same.*

Please complete the form on the next page. Scan it and return it to me at pat@HoustonDPE.com. I'll reply with a suggested date/time.

Thanks, and I'm looking forward to flying with you.

Pat Brown, DPE
Pat@HoustonDPE.com
832.654.9831

PS: Please understand that the FAA requires AT LEAST 24 hours notice prior to any check ride and I must receive written permission from the local FSDO before the check ride can begin.

Check Ride Request Form (Special Medical Flight Test)

Today's Date: _____

Requested Check Ride Date: _____

Your FTN: _____

Your Name: _____

Your Full Address: _____

Your Date of Birth: _____

Your Place of Birth (if USA, then City/State. If not, City/Country): _____

Your Citizenship (USA, Mexico, Canada, etc): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: Male/Female (circle one, please)

Your Medical Type (if applicable): 1st / 2nd / 3rd / Basic Med (please circle one)

Name of Medical Examiner (if applicable): _____ Date Issued: _____

Type of Certificate: Student/Private/Commercial/ATP (please circle one) Date Issued: _____

Your Certificate Number: _____

Your Driver License Number: _____ State of issuance: _____ Expiration Date: _____

Aircraft To Be Used (ex: CE-172N, PA28-181) _____ Registration #: N _____

Flight Time In That Aircraft: _____ Is The Aircraft Equipped with shoulder harnesses? Y / N

Any Alcohol or Drug Convictions? Yes/No (please circle one)

If "Yes", Date of Final Conviction: _____

Have you received any previous Notice of Disapprovals for this test? _____

Type of ride (*please circle one*): Blind One Eye / Color Deficiency / Hearing / Other (Please circle one)

If "Other", please specify: _____

Your Email: _____ Your Phone _____

Address of flight school or location where this ride will take place (please include the street address, city and zip code) _____

Fee Schedule:

Minimum \$500.00 but can vary depending on location and what the test involves. Each SMFT can be different depending on what we must do. I'll be able to give you a specific number once you complete and return this form.

Regarding fee payment, I accept cash or ZELLE. The email I use that's associated with ZELLE is g.pat.brown@gmail.com at Bank Of America. If you choose ZELLE, please complete the transfer the evening before your check ride.