

Winging It Flight Services

2655 Robert Fowler Way

408-666-6961

Practical Test Application Form

Applicant Information: (Type with computer, do not hand write in the boxes)

Applicant Name: _____ Birth Date: _____

Certificate #: _____ Cert Type: _____

Medical Class: _____ Date of medical: _____

Email Address: _____ Phone: _____

Mailing Address: _____

Govt ID type/#: _____ Citizenship: _____

Type of Evaluation: _____ Part 61 Part 141

FTN #: _____ Application ID: _____ Retake Yes No

Recommending Instructor:

Name: _____ CFI #: _____ CFI

Email Address: _____ Phone: _____

Flight School:

Name: _____

Email Address: _____ Phone: _____

Address _____

Aircraft To Be Flown Info:

Make: _____ Model: _____ N Number: _____

Serial #: _____