Check Ride Applicant Data Form

Email completed form and copy of Knowledge Test Result form to:
childsdpe@gmail.com and mcfarlin455@gmail.com

Type of Practical Test (e.g. Private, Instrument, Commercial, CFI, CFII): _____

Aircraft Category: Airplane **Aircraft Class:** ASEL **Aircraft Make and Model to be Used:** _____

Proposed Activity Start Date: _____ **Proposed Activity Start Time:** _____

Full Legal Name of the Applicant: _____

Applicant Address: _____

Applicant Phone & Email: _____

Applicant IACRA FTN: _____ **Airmen Knowledge Test Score:** _____ **Test Date:** _____

Certificate Number of the Applicant: _____

Name of Recommending Instructor: _____

CFI Number of Recommending Instructor: _____

R/Instructor Phone & Email: _____

Airport Identifier of Check ride Location: _____

Name of FBO or Flight School Where Commencing Check ride: _____

Street Address of Above: _____

City, State & Zip Code: _____

This section to be completed by Administrator/Scheduler/DPE ONLY:

Certificate or Rating Applied for on the Basis of (check all that apply):

☐ Completion of Test or Activity (61) ☐ Graduate of Approved Course (141) ☐ Holder of Foreign License

DMS Approval #: _____ **8710 ID #:** _____ **Scenario #:** _____

If Graduate of Approved Course, name and designation number of FAA-approved school: _____

Is this a Retest? ☐ No ☐Yes (send copy of 8060-5) **Drug/Alcohol Conv.?** ☐ No ☐ Yes **Date:** _____