

Checkride Applicant Data Form
Email completed form to: childsdp@gmail.com

Type of Practical Test (e.g. Private, Instrument Airplane, etc.) _____

Grade of Certificate That Is Sought in the Test
(e.g. Private, Commercial, ATP, CFI- not IFR/AMEL, etc.) _____

Aircraft Category _____

Aircraft Class _____

Aircraft Make and Model to be Used _____

Proposed Activity Start Date _____

Proposed Activity Start Time _____

Full Legal Name of the Applicant _____

Certificate Number of the Applicant _____

Name of Recommending Instructor _____

CFI Number of Recommending Instructor _____

Airport Identifier of Checkride Location _____

Name of FBO or Flight School Where Commencing Checkride _____

Street Address of Above _____

City _____

State _____

Postal Code _____

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

- Completion of Test or Activity (61) US Military Competence or Experience Graduate of Approved Course (141)
 Holder of Foreign License Air Carrier Training Program

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: _____

Has applicant recently had a change of: Name? Gender? Citizenship?

Applicant **Address** _____

Applicant **Phone & Email** _____

R/Instructor **Phone & Email** _____

Applicant **IACRA FTN** _____

Airmen Knowledge Test Date and Score _____