

Phoenix Flyers Inc. Aircraft Checkout & Annual Checkride

Pilot Name: _____

Aircraft Make & Model: _____ N #: _____

Member Number: _____

Aircraft PIM – Presented _____

Pilot Certificate Number: _____

Pilot Certificate/s & Log Book Presented: _____

Date of Last Medical: _____

FAA Certificates/Ratings (Circle): Private Commercial

Date of Last BFR: _____

ATP CFI CFII ASEL AMEL Instrument

Occupation: _____

Any Waivers, Restrictions or Limitations? _____

| | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| Have you ever had an FAA or Military Pilot Certificate suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been cited for any violation of Federal Aviation Regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been involved in an aircraft accident or incident? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted or pleaded guilty to a DUI or a felony? | <input type="checkbox"/> | <input type="checkbox"/> |

(Explain any question marked yes above on a separate page.)

| Minimum Pilot Requirements | | | | | |
|----------------------------|-------------|--|-----------------------|---------------------|---|
| Aircraft | Certificate | Total PIC Time | ASEL Retract PIC Time | Make Model PIC Time | In Lieu of Make & Model & Retract |
| PA28 | Student | - | - | - | - |
| C182 | Private SEL | - | - | - | - |
| PA24 | Private SEL | 200 hrs or 100 hrs with an Instrument Rating | 25 hrs | 5 hrs | 10 hours instruction including 15 Takeoffs and Landings |

| Fill In Logged Hours Below | | | | | | | |
|----------------------------|------------|-----------------|----------------|-----------------------|--|---|---|
| Aircraft | Total Time | TT Last 90 Days | Total PIC Time | ASEL Retract PIC Time | Dual Hours <small>Initial Checkout Only</small> | Dual Takeoffs <small>Initial Checkout Only</small> | Dual Landings <small>Initial Checkout Only</small> |
| Any | | | | | | | |
| PA28 | | | | | | | |
| C182 | | | | | | | |
| PA24 | | | | | | | |

Requirement for safety seminars met by:

Two Safety Seminars

Date: _____ Date: _____

FAA Wings

Date: _____

Flight Review

Date: _____

New Rating

Date: _____

CFI Renewal

Date: _____

Part 135/121 Checkride

Date: _____

I certify that the above information is true and correct:

Pilot Signature: _____

Date: _____

**Phoenix Flyers Inc.
Aircraft Checkout & Annual Checkride**

Instructor Checklist - All Checkouts

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Logbook <input type="checkbox"/> Pilot Certificate <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Safety seminars – Proof of Completion <input type="checkbox"/> PIM for each aircraft | <ul style="list-style-type: none"> <input type="checkbox"/> Current Phoenix Sectional and/or Terminal charts <input type="checkbox"/> Weight and Balance for aircraft to be flown <input type="checkbox"/> Flight Planning <input type="checkbox"/> Aircraft Performance <input type="checkbox"/> Normal and Emergency Procedures |
|--|--|

Additional Items for Initial Aircraft Checkouts

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Verify Insurance requirements <input type="checkbox"/> Review aircraft quiz | <ul style="list-style-type: none"> <input type="checkbox"/> Review ASF’s “Safety Highlights” |
|---|---|

Additional Items for New Member Checkout

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Review Phoenix Flyers Operations Manual <input type="checkbox"/> Review Phoenix Flyers By-Laws <input type="checkbox"/> Phoenix Flyers flight receipts | <ul style="list-style-type: none"> <input type="checkbox"/> Handling aircraft squawks <input type="checkbox"/> DVT and CHD airport procedures <input type="checkbox"/> DVT and CHD Fueling |
|---|---|

I certify that I have given the above member the required instruction and that he/she has satisfactorily completed the following type of check flight:

Student Solo: _____ Initial Aircraft: _____ Club Annual: _____ BFR/Wings: _____ Instructor (Right Seat): _____

Instructor Name (Printed): _____ CFI #, Exp. Date: _____

Instructor Signature: _____ Date: _____

Flight Training Record (Optional):

| Date | From | To | Flight Time | Landings | Remarks |
|------|------|----|-------------|----------|---------|
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Note to Instructors: Phoenix Flyers requires you to complete and mail the original copy of this form to the club Safety Officer for all student solos, initial aircraft checkouts, and annual check flights.