

E | AVIATION

Check Ride Request

Last Name	First Name	Assigned Instructor	Date
E-ID	FTN Number	Pilot Certificate Number	Medical Class and Date
AVFO Course	Semester Started (e.g. Fall 2018)		CRN Number

Instructions: For **Check Rides** complete **Steps 1, 2 and 3.**

Step 1:

- Written Airman Knowledge Test submitted to Dispatch – Dx Initials:** _____
- Units and line items completed in ETA – CFI Initials:** _____
- Course minimums completed in ETA – CFI Initials:** _____

Step 2:

Total up your flight time using the table below. This information will be required for your I.A.C.R.A. application.

- Total up your Logbook**
 - Key Items to look for:
 - Dual + Solo = Total (student pilots)
 - Dual + Solo <= Total (post-private)
 - Cross Country Dual + Solo Cross Country = Cross Country in logbook (student pilots)
 - Dual received includes airplane time only; don't include simulator (FTD) time
 - Simulator (FTD) row should have total, instruction received, and instrument time filled out
 - Night PIC landings and night landings should have a difference of 10 or more

As of Date:	Total Time	Instruction Received	Solo	PIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC	Instrument	Night Instruction Received	Night PIC
Airplane										
FTD										
Total										

Night Take-Offs/Landings	Night Take-Offs/Landings PIC

- Complete and attach to this form to your I.A.C.R.A. 8710**
- Logbook totaled and matches with I.A.C.R.A. printout**

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Step 3:

Submit Logbook(s) with the following:

- Completed printed I.A.C.R.A. 8710 application (attached to this form)
- Check Ride Endorsement
- 90-day solo Endorsement (student pilots)

I have completed all the necessary steps to schedule my Check Ride.

Student Signature

Date

Flight Instructor Acknowledgment

Date

Office Use:

The student's request for Check Ride was [APPROVED] [DENIED]. If approved, you are cleared to call an examiner.

Comments: _____

Lead Flight Instructor

Date

Chief Flight Instructor

Date

Submit to Scheduling

After you contact the examiner, fill out this portion of the form and submit it to scheduling.

Check Ride Date/Time: _____

Examiner: _____

Office Use:

The check ride was [SCHEDULED] [NOT SCHEDULED]

Comments: _____

Scheduler

Date