

## 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? \_\_\_\_\_

	Yes	No
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: \_\_\_\_\_

## Aircraft Checkout & Annual Checkride

**Instructor Checklist - All Checkouts**

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

**Additional Items for Initial Aircraft Checkouts**

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

**Additional Items for New Member Checkout**

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

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

**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.