

Applicant Name _____
Home Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____ DOB _____

CFI Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

PTS Sought _____ Retest Y / N Original DPE _____
Aircraft 1 Make/Model _____ Total Time _____
Aircraft 2 Make/Model _____ Total Time _____
Copy of Aircraft Logs / Documents / Etc Y / N

PTS Location _____ PTS Date _____ PTS Time _____

Medical Class _____ Medical Date _____ Ht _____ Wt _____
Certificate Held _____ Certificate Date _____

IACRA FTN # _____ IACRA ID # _____
SSN # _____ Any Drug Convictions Y / N Date _____
Photo ID Type _____ Photo ID # _____ Exp _____

Familiar with PTS Y / N Have Items on PTS Applicant Checklist Y / N

DPE Fee _____ DPE Cancellation Fee _____ by Date _____

X-C Plan Assigned _____

W&B Info Assigned _____

Aircraft Performance Info Assigned _____

WX Info Assigned _____