Practical Test Appointment Request

For appointment with DPE Geoff Orlandi please complete this form and return it to me. Any questions email go@orlandiflightcenter.com, call 201-874-5458, or stop in at OFC. (TYPE OR PRINT LEGIBLY - COMPLETE ALL LINES)

1.	Name	Date
	Address (City, State, Zip)	
	CellEmail	
	I.D.: Type#	StateExp
	IACRA FTN #	Pilot Cert. #
	Pilot Cert. Grade (Student, Private, etc.)	Category (Airplane, etc.)
	Class (SE Land, ME Land, etc.)	Ratings (Instrument, etc.)
	Type of Test	Retest? (Y/N)
	If Retest: Prior Date Prior DPE	NOD attached? (Y/N)
	Aircraft TypeN#N#	Is A/C IFR Cert? (Y/N)
	Instruments (6 Pack, Glass)	Avionics
	Using an EFB? (Y/N) If yes what type and	which App
	Date of your ACS/PTS Using the A	ACS/PTS Applicant Checklist? (Y/N)
2.	Instructor: Name	Cell
	Email	CFI Cert #
3.	Flight School: Name	Training Airport
	141 Grad? (Y/N) If yes Grad Date	School Cert #
4.	Using paper or electronic logbook? (state which	1) Using IACRA? (Y/N)
5.	Is 8710 complete? (Y/N) If no expect by	Advise me when 8710 is complete
6.	Required Ground/Flight/Experience logged? (Y	//N) If no expect by
7.	Required Endorsements for Practical logged? (Y	Y/N) If no expect by
8.	Required Endorsements to act as PIC logged? (Y	//N) If no expect by
9.	Requested Test Date(s)	Requested Location(s)
10	. How did you hear of me? (referral; online; soc	ial media; etc.)
11	. Desired Method of Payment (see website for o	ptions)
12	. Do you understand and agree to the <u>KEYS TO</u> & <u>DPE FEE SCHEDULE</u> found on the DPE page	
13	. Do You & the Aircraft meet ALL requirements If no expect by Any issues? (Y/ explain in detail here	N) If yes please contact me or

THANK YOU FOR COMPLETING THIS FORM. I WILL BE IN CONTACT WITH YOU SOON.