## **Practical Test Appointment Request**

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

L.	Applicant
	Name:
	Address, City, State, Zip:
	Cell Phone #:
	Email:
	IACRA FTN #: Pilot Cert. #:
	Pilot Cert. Grade (Student, Private, etc.) Category (Airplane, etc.)
	Class (SE Land, ME Land, etc.)Ratings (Instrument, etc.)
	Driver's License/Passport #: State: Exp.:
	Type of Test:141 Graduate/Date:
	Retest or Continuance (State which & date; attach copy)
	Aircraft Type: N#: IFR Cert? (Yes/No)
	Instruments (6 Pack, Glass)Avionics:
	Will you be using an EFB? (If so, what kind; What software)
	Date of ACS/PTS: Using Applicant Checklist? (Yes/No)
2.	Recommending Instructor Name:
	School & Training Airport:
	Cell:Email:CFI Cert #:
3.	Do use use a paper or an electronic logbook? (State which)
1.	Using IACRA? (Yes/No) If yes is 8710 complete? (Yes/No but expect by)
	Required Ground/Flight/Experience received & logged? (Yes/No but expect by)
	Required Endorsements for Practical received & logged? (Yes/No but expect by)
	Required Endorsements to act as PIC received & logged? (Yes/No but expect by)
3.	Requested Test Date(s):Requested Location(s):
€.	How did you hear of me? (referral; online; social media; etc.)
LO	. Do you understand and agree to <u>KEYS TO EFFECTIVE CHECKRIDE PREPARATION</u> & <u>DPE FEE SCHEDULE</u> found on DPE page at OrlandiFlightCenter.com? (Yes/No)
11	. Do or will You & Aircraft meet ALL requirements to take the Practical test on test date (Yes/No but expect by) Any issues? (Yes/No) If yes contact me to discuss.