

# Practical Test Appointment Request

For appointment with DPE Geoff Orlandi please complete this form and email it to [go@orlandiflightcenter.com](mailto:go@orlandiflightcenter.com). Any questions please email or call me at 201-874-5458.

(TYPE OR PRINT LEGIBLY)

## 1. Applicant

Name: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

IACRA FTN #: \_\_\_\_\_ App. ID # \_\_\_\_\_

FAA Certificate #: \_\_\_\_\_

Type of Test: \_\_\_\_\_ 141 Graduate? \_\_\_\_\_

Retest or Continuance: (If Yes, state which and prior date) \_\_\_\_\_

Aircraft Type, N# if known, Avionics: \_\_\_\_\_

Will you be using an EFB? If so, what kind? What software? \_\_\_\_\_

What is the date of the ACS / PTS you are using? \_\_\_\_\_

Are you familiar with the entire ACS / PTS, including Applicant Checklist? \_\_\_\_\_

## 2. Recommending Instructor

Name: \_\_\_\_\_ School: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

FAA CFI #: \_\_\_\_\_ CFI Expiration: \_\_\_\_\_

Has your recommendation been done in IACRA? State: Yes; No; Not yet but expected by; or Not using IACRA and why:  
\_\_\_\_\_

## 3. Flight School Administrator (If applicable)

Name: \_\_\_\_\_ School: \_\_\_\_\_

Location: \_\_\_\_\_

Email: \_\_\_\_\_ Tel #: \_\_\_\_\_

4. Practical Requested by: Applicant Recommending Instructor School Administrator

5. How did you hear of me? (referral, word of mouth, internet, etc.) \_\_\_\_\_

6. You accept and agree to **KEYS TO EFFECTIVE CHECKRIDE PREPARATION & DPE FEE SCHEDULE** found on DPE page at OrlandiFlightCenter.com. State Yes or No: \_\_\_\_\_

7. Special considerations / issues: \_\_\_\_\_  
\_\_\_\_\_