

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. 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: _____ CFI Cert #: _____

Cell: _____ Email: _____ School/Training Airport: _____

3. Has your application been done in IACRA? (Yes/No/Not yet but expected by) _____

4. Required Ground/Flight/Experience as per FARs received & logged? (Yes/No) _____

5. Required Endorsements for Practical as per FARs received & logged? (Yes/No) _____

6. Required Endorsements to act as PIC as per FARs received & logged? (Yes/No) _____

7. Requested Test Date(s): _____ Requested Location(s): _____

8. How did you hear of me? (referral; internet; social media; etc.) _____

9. Do you understand and agree to KEYS TO EFFECTIVE CHECKRIDE PREPARATION & DPE FEE SCHEDULE found on DPE page at OrlandiFlightCenter.com? (Yes/No) _____

10. Do You & Aircraft meet ALL requirements to take the Practical test? (If in doubt please ask) (Yes/No) _____ Any issues/concerns: _____