

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) _____
Cell _____ Email _____
I.D.: Type _____ # _____ State _____ Exp _____
2. IACRA FTN # _____ Pilot Cert. # _____ Date Issued _____
Pilot Cert. Grade (Student, Private, etc.) _____ Category (Airplane, etc.) _____
Class (SE Land, ME Land, etc.) _____ Ratings (Instrument, etc.) _____
3. Knowledge Test: Test Code (PAR, etc.) _____ Date Taken _____ Score _____
4. Medical: Class _____ Date Issued _____ DOB _____ Basic Med (Y/N) _____
5. Type of Test _____ Retest? (Y/N) _____ If Yes Prior Test Date _____
6. Aircraft Type _____ N# _____ Is A/C IFR Cert? (Y/N) _____
Instruments (Steam, Glass Type, etc.) _____ Avionics _____
7. Using an EFB? (Y/N) _____ If yes what type and which App _____
8. Date of your ACS/PTS _____ Using the ACS/PTS Applicant Checklist? (Y/N) _____
9. Instructor: Name _____ Cell _____
Email _____ CFI Cert # _____
10. Flight School: Name _____ Training Airport _____
141 Grad? (Y/N) _____ If yes Grad Date _____ School Cert # _____
11. Using paper or electronic logbook? (state which) _____ Using IACRA (Y/N) _____
12. Is 8710 complete? (Y/N) _____ If no expect by _____ **Advise me when 8710 is complete**
13. Required Ground/Flight/Experience logged? (Y/N) _____ If no expect by _____
14. Required Endorsements for Practical logged? (Y/N) _____ If no expect by _____
15. Required Endorsements to act as PIC logged? (Y/N) _____ If no expect by _____
16. Requested Test Date(s) _____ Requested Location(s) _____
17. How did you hear of me? (referral; online; social media, etc.) _____
18. Do you understand and agree to the **KEYS TO EFFECTIVE CHECKRIDE PREPARATION**
& **DPE FEE SCHEDULE** found on the DPE page at OrlandiFlightCenter.com? (Y/N) _____
19. Do You & the Aircraft meet ALL requirements to take the Practical test? (Y/N) _____ If
no expect by _____ Any issues? (Y/N) _____ If yes please contact me or explain in
detail here _____

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