

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)

1. Applicant

Name: _____
Address: _____
Cell Phone #: _____
Email: _____
IACRA FTN #: _____ App. ID #: _____
Pilot Certificate #: _____ Grade: _____ Ratings: _____
Driver's License/Passport #: _____ Exp.: _____
Type of Test: _____ 141 Graduate/Date? _____
Retest or Continuance? (Prior test & date; attach copy) _____
Certificate Sought: Grade: _____ Category: _____ Class: _____
Aircraft Type: _____ N# if known: _____ Avionics: _____
Will you be using an EFB? If so, what kind? What software? _____
What is the Publication & Revision dates of the ACS/PTS you are using? _____
Are you familiar with the ACS/PTS, including Applicant Checklist? (Yes/No) _____

2. Recommending Instructor

Name: _____ CFI Cert #: _____
Cell: _____ Email: _____ School/Location: _____

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

4. Flight School Administrator (If applicable)

Name: _____ School: _____
Location: _____ Tel #: _____ Email: _____

5. Practical Test Requested Date(s): _____ Requested Location: _____

6. How did you hear of me? (referral; word of mouth; online; etc.) _____

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

8. Special considerations/issues: _____