



Troy-Oakland Pilots Flying Club, Inc. Flight Check Report

Club Flight Check Date _____

Member No. _____

Member Name _____

DOB _____

Driver's License No. _____

U.S Citizen: Yes No

CERTIFICATES:

Stu. Pvt. Comm. Inst. ATP CFI(A) CFI(I) Cert. No. _____

Medical: 1st 2nd 3rd Basic Med Medical Exam Date _____

Last FAA Flight Rev. Date _____ Date of Last FAA Checkride _____ Type _____

TOTAL FLIGHT HOURS:

PA-28 _____ C-172 _____ C-182 _____

IFR: A/C IMC _____ A/C Simulated _____ Ground Simulator _____

Complex: Lifetime _____ Last 12 mo. _____

High Perf.: Lifetime _____ Last 12 mo. _____

Night: Lifetime _____ Last 12 mo. _____

Total Hours: Lifetime _____ Last 12 mo. _____

INSURANCE INFORMATION:

In the past 12 months have you:

- a. Had any aircraft accidents, incidents, or claims, or had your pilot certificate surrendered, suspended or revoked? Yes No
- b. Had an automobile driver's license surrendered, suspended or revoked? Yes No
- c. Been arrested for, or charged with operating a motor vehicle or aircraft under the influence of alcohol or drugs? Yes No
- d. Been convicted of, or pleaded guilty or no-contest to a felony crime or misdemeanor other than a traffic violation? Yes No
- e. Had an insurance company cancel, decline to insure or refuse to renew your aircraft coverage? Yes No
- f. Been involved in any aviation business including but not limited to, sale or repair of aircraft, aircraft kits or plans or providing pilot or flight instructional services? Yes No

APPROVED FOR CLUB OPERATION IN THE FOLLOWING AIRCRAFT,

(Club Instructor Initials)

Comments/Limitations

Indicate all that apply as per current club policy

TOPS Annual Check Ride

FAR 61.50 Flight Review

3562G PA-28 _____

6508K C-172 _____

9885M C-182 _____

182GH C-182 _____

Circle Which Applies

Limitations: _____

Pilot Signature Date

Club Instructor Signature Date

NOTE: Forward completed form to Club Chief Pilot

Club Instructor Name rev. Version 2.0