

Checkride Applicant Data Form

Type of Practical Test (e.g. Private, Instrument Airplane, etc.) \_\_\_\_\_

Grade of Certificate That Is Sought in the Test  
(e.g. Private, Commercial, ATP, CFI- not IFR/ AMEL, etc.) \_\_\_\_\_

Aircraft Category \_\_\_\_\_

Aircraft Class \_\_\_\_\_

Aircraft Make and Model to be Used \_\_\_\_\_

Proposed Activity Start Date \_\_\_\_\_

Proposed Activity Start Time \_\_\_\_\_

**Full Legal Name of the Applicant** \_\_\_\_\_

Certificate Number of the Applicant \_\_\_\_\_

Name of Recommending Instructor \_\_\_\_\_

CFI Number of Recommending Instructor \_\_\_\_\_

Airport Identifier of Checkride Location \_\_\_\_\_

Name of FBO or Flight School Where Commencing Checkride \_\_\_\_\_

Street Address of Above \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

Certificate or Rating Applied for on the Basis of (check all that apply):

- Completion of Test or Activity
- US Military Competence or Experience
- Graduate of Approved Course  
*If yes, name and designation  
number of FAA-approved school:* \_\_\_\_\_
- Holder of Foreign License
- Air Carrier Training Program

Is this a Retest?  No  Yes (send copy of 8060-5)      Drug/Alcohol Conv.?  No  Yes- Date: \_\_\_\_\_

Has applicant recently had a change of:  Name?  Gender?  Citizenship?

Applicant Mobile Phone Number \_\_\_\_\_

Recommending Instructor Mobile Phone Number \_\_\_\_\_

Applicant IACRA FTN \_\_\_\_\_

Airmen Knowledge Test Date and Score \_\_\_\_\_

→Incorrect PLT codes \_\_\_\_\_