ROADHOUSE FLYING SCHOOL PILOT CHECKOUT

Pilot Name	:		D/O/B:		
		_ City:	ST: Zip: Phone (W):		
		Phone (C)			
E-Mail:					
	PREFLIGHT	PASS	AIR WORK	PASS	
	Aircraft Systems		Stalls		
	AROW		Steep Turns		
	Walk Around Fuel		Slow Flight		
			Unusual Attitudes		
	Oil		Slips		
	Hydraulic Fluid				
	Weight & Balance		INSTRUMENT WORK		
	Charts		Navigational Tracking		
	Checklist		Holds		
	TAXIING Wind Correction		Approaches		
			Missed Approaches		
			Communication Procedures		
	Speed		Landing Gear Failure		
	Technique				
	RUNUP Visual Checks Instrument Checks CRM Abort Procedures				
			AIR EMERGENCIES		
			Emergency Descents		
			Engine Failure		
			Engine Fire		
	Checklist		Cockpit Fire		
			Communication Failure		
	TAKEOFF		Landing Gear Failure		
	No Wind				
	Cross Wind		CROSS COUNTRY		
	Short Field		Pilotage / Dead Reckoning		
	Soft Field		Navigation Equipment		
	Traffic Pattern		Airport Operations		
	Sim. Engine Failure		ATC Procedures		
			Day VFR: Local: Night VFR: Local:		
Instructor Signature		Date	IFR:	-	
Instructor Number		Exp. Date	Pilot Signature	Date	

ROADHOUSE FLYING SCHOOL PILOT EXPERIENCE

Types of certificates:	Certificate Number:			
Issue Date:	Medical Date:	Cl	ass:	
Flight Review:				
Total Time:				
ASEL:	AMEL:	_ ASES:	AMES:	
Glider:	Tail Wheel:	_ Complex:	Night:	
High Performance:	PIC: _		Duel Received:	
X-Country:	INSTRUME	NT: Actual	Sim	
C-152: Instructors, Roadhous 1. Licenses (both 2. Medical	e Flying School must		f the following for each pilot:	
3. Driver's Licen	se or successful practica	l test endorsem	nent	
For Student Pilots:				
 Medical (both Driver's Licen Solo Signoffs 				
Have you been penalizunder investigation fo	=	any violation of Yes	f the FARs, or are you currently No	
	would adversely affe		are true. No information is ng or approval for rental of	
Pilot Signature	Date			