

# American Flight Schools Aircraft Checkout

<b>PILOT NAME:</b>					<b>CHECKOUT DATE:</b>								
<b>AIRCRAFT MAKE &amp; MODEL:</b>					<b>AIRCRAFT TAIL #:</b>								
<b>CHECKOUT TYPE:</b> <input type="checkbox"/> Initial Aircraft Checkout <input type="checkbox"/> Club Flight Review <input type="checkbox"/> 61.56 Flight Review <input type="checkbox"/> Mountain Checkout <input type="checkbox"/> Instructor Initial <input type="checkbox"/> Instructor Annual <input type="checkbox"/> Remedial <input type="checkbox"/> Other _____													
<input type="checkbox"/> WRITTEN TEST COMPLETED <input type="checkbox"/> FLIGHT CHECK COMPLETED <input type="checkbox"/> POLICIES REVIEWED    HOURS IN MAKE & MODEL _____													
<b>Grading Scale</b> 1 = Below Acceptable Standards    4 = Above Average 2 = Below Average, Outside ACS but corrects    5 = Excellent 3 = Within ACS													
<b>I. ORAL DISCUSSION</b>					<b>VIII. INSTRUMENT REFERENCE MANEUVERS</b>								
A. Review Pilot Credentials	1	2	3	4	5	VC	A. Straight & Level Flight	1	2	3	4	5	VC
B. Review CFI Policies & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Constant Speed Climbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Local Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Constant Speed Descents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Electronic Flight Bag (EFB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Turns to a Heading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							E. Recovery from Unusual Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							F. Radio Nav & Radar Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. PREFLIGHT PREPERATION</b>					<b>IX. INSTRUMENT FLIGHT PROCEDURES</b>								
A. Certificates & Documents	1	2	3	4	5	VC	A. Ground Prep (WX, AC Systems, Flt Plans)	1	2	3	4	5	VC
B. Obtaining Weather Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. ATC Clearance & Traffic Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Determine Weight & Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Holding Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Determine Takeoff Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Partial Panel Unusual Attitude Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Determine Cruise Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Course Intercept & Tracking of Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Determine Landing Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Instrument Approach Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Cross-Country Flight Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Precision Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Aircraft Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Non-Precision Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Aeromedical Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Partial Panel Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							4. Circling & Missed Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. GROUND OPERATIONS</b>					<b>X. GROUND REFERENCE MANEUVERS</b>								
A. Visual Inspection	1	2	3	4	5	VC	A Rectangular Course	1	2	3	4	5	VC
B. Starting Engine (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. S-Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Taxiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Turns Around a Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Use of Checklists (Mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
E. Passenger Briefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>XI. NIGHT FLIGHT OPERATIONS</b>						
F. Sterile Cockpit Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Physiological Aspects of Night Flying	1	2	3	4	5	VC
G. Post-Flight Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Prep & Personal Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							C. Aircraft & Airport Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. AIRPORT &amp; TRAFFIC PATTERN OPS</b>					<b>XII. APPROACHES &amp; LANDINGS</b>								
A. Radio Comms & ATC Light Signals	1	2	3	4	5	VC	A. Normal Approaches & Landings	1	2	3	4	5	VC
B. Surface & Traffic Pattern Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Crosswind Approaches & Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Airport & Runway Markings & Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Forward Slip to Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							D. Go-Around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. TAKEOFF &amp; CLIMB</b>					<b>XIII. EMERGENCY PROCEDURES</b>								
A. Normal Takeoff & Climb	1	2	3	4	5	VC	A. Emergency Approach & Landing (Sim)	1	2	3	4	5	VC
B. Crosswind Takeoff & Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Systems & Equipment Malfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Short-field Takeoff & Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. POH Bold Face Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Soft-field Takeoff & Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Emergency Descent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VI. CROSS-COUNTRY FLYING</b>					<b>XIV. SAFETY AWARENESS</b>								
A. Pilotage & Dead Reckoning	1	2	3	4	5	VC	A. Clearing Turns & Collision Avoidance	1	2	3	4	5	VC
B. Radio Navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Vigilance, Risk Mgmt, & Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Diversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Fuel Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Lost Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ground Handling Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VII. MANEUVERS</b>					<b>XV. MOUNTAIN FLYING ORAL DISCUSSIONS</b>								
A. Power-Off Stalls	1	2	3	4	5	VC	A. Mountain Weather	1	2	3	4	5	VC
B. Power-On Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Effect of Density Altitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Maneuvering During Slow Flight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Orographic Effects on Wind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Steep Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Route Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							E. Oxygen Regulations & Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>XVI. MOUNTAIN PREFLIGHT PLANNING</b>					<b>XVII. MOUNTAIN FLYING ORAL DISCUSSIONS</b>								
A. Planning & Route	1	2	3	4	5	VC	A. Mountain Weather	1	2	3	4	5	VC
B. Density Altitude Considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Effect of Density Altitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Aircraft Loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Orographic Effects on Wind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Weather Briefing & Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Route Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Oxygen Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Oxygen Regulations & Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Implications for IFR Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. One-way, Obstructed, High Altitude Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							G. Survival/Rescue Equipment & Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>XVII. MOUNTAIN AIRPORT OPERATIONS</b>	1 2 3 4 5 VC	<b>XX. MOUNTAIN EMERGENCY PROCEDURES</b>	1 2 3 4 5 VC
A. High Altitude Takeoffs & Landing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Deteriorating Weather	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. One-Way Takeoff and Landing (terrain)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Engine Failure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. One-Way Takeoff and Landing (gradient)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C. Partial Power Loss	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>XVIII. MOUNTAIN FLIGHT OPERATIONS</b>	1 2 3 4 5 VC	D. Inability to Maintain Altitude (downdraft)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A. Recognition and Use of Orographic Lift	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E. Inability to Attain Altitude (density altitude)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Recognition of Areas of Lift and Sink	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
C. Proper Ridge Crossing Techniques	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>XXI. MULTI-ENGINE PROCEDURES</b>	1 2 3 4 5 VC
D. Proper Mountain Pass Techniques	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Engine Failure During TO Below VMC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Planning for Emergencies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Engine Failure After Liftoff	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>XIX. MOUNTAIN NAVIGATION</b>	1 2 3 4 5 VC	C. Maneuvering w/ 1 Engine INOP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A. Use of Limitations of Nav aids	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D. Approach & Landing w/ 1 Engine Out	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Use of Sectional Charts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E. VMC Demonstration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. Use of Compass/DG	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F. Instrument Maneuvers w/ 1 Engine Out	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Magnetic Variation and its Limits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	G. Instrument Approach w/ 1 Engine Out	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Use of Major Terrain Features	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**REVIEW OF CERTIFICATES AND DOCUMENTS (Verified by Check Instructor Pilot)**

FAA PILOT CERT NUMBER:	DATE OF LAST FLIGHT REVIEW:
MEDICAL CLASS:	MEDICAL EXAM DATE:
INSURANCE PROVIDER:	PILOT BIRTH DATE:
TEACHING PRIVILEGES AUTHORIZED:	
<input type="checkbox"/> CFI (Part-Time)	<input type="checkbox"/> CFI
<input type="checkbox"/> CFI (Full-Time)	<input type="checkbox"/> MEI
<input type="checkbox"/> CFI (Provisional)	<input type="checkbox"/> Tailwheel
<input type="checkbox"/> Cirrus	<input type="checkbox"/> Aerobatic
<input type="checkbox"/> Mountain	<input type="checkbox"/> Other _____
<input type="checkbox"/> Check Flight Instructor	<input type="checkbox"/> Assistant Chief Flight Instructor

**PILOT IS AUTHORIZED TO FLY (CHECK ALL THAT APPLY)**

<input type="checkbox"/> C152	<input type="checkbox"/> PA 28-151 Warrior I (180HP)	<input type="checkbox"/> Cirrus SR-20	<input type="checkbox"/> AA-5A Cheetah	<input type="checkbox"/> DA-40	<input type="checkbox"/> Twin Tecnam
<input type="checkbox"/> C172 M/N/P	<input type="checkbox"/> PA 28-161 Warrior II	<input type="checkbox"/> Cirrus SR-22	<input type="checkbox"/> Tecnam Eaglet	<input type="checkbox"/> DA-42 (AvGas)	<input type="checkbox"/> HK36 Motorglider
<input type="checkbox"/> C172S	<input type="checkbox"/> PA 28-181 Archer II & III	<input type="checkbox"/> Cirrus SR-22 SuperC	<input type="checkbox"/> Varga Kachina	<input type="checkbox"/> DA-42 (Diesel)	<input type="checkbox"/> G1000
<input type="checkbox"/> C182P	<input type="checkbox"/> PA 28-200R Arrow	<input type="checkbox"/> C182T (G1000)	<input type="checkbox"/> 7KCAB		<input type="checkbox"/> Avidyne
<input type="checkbox"/> C182S	<input type="checkbox"/> PA 32R-301 Saratoga		<input type="checkbox"/> 8KCAB		<input type="checkbox"/> Other

<b>CERTIFICATES and RATINGS</b>	<b>ENDORSEMENTS</b>	<b>FLIGHT TIME:</b>
<input type="checkbox"/> Student	<input type="checkbox"/> Tailwheel	Total Time _____
<input type="checkbox"/> Instrument	<input type="checkbox"/> SES	IFR _____
<input type="checkbox"/> Sport	<input type="checkbox"/> High Performance	SEL _____
<input type="checkbox"/> Multi	<input type="checkbox"/> Complex	Multi _____
<input type="checkbox"/> Private	<input type="checkbox"/> High Altitude	SES _____
<input type="checkbox"/> CFI		Tailwheel _____
<input type="checkbox"/> Commercial		Other _____
<input type="checkbox"/> CFI		
<input type="checkbox"/> ATP		
<input type="checkbox"/> MEI		

I certify that I have read and understand all applicable 14CFR regulations pertaining to flying subject aircraft. I acknowledge any restrictions of training requirements stated on this checkout. I also understand that maintaining currency, recurring requirements, and compliance with applicable operational guidance is my personal responsibility.

<b>PILOT NAME:</b>	<b>SIGNATURE:</b>
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I certify that I have administered this Checkout indicated and that the above named pilot has demonstrated the proficiency required to fly the indicated aircraft.

<b>INSTRUCTOR:</b>	<b>SIGNATURE:</b>
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CFI EXPIRATION DATE:	CFI CERTIFICATE NUMBER:
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**COMMENTS**