

CHECK-RIDE INFORMATION FORM

To schedule your checkride:

1. Please call, text or email to discuss your needs and my current availability.
2. Please download this form, Complete electronically and email back to me in a PDF form.
3. Include a copy of your Airmen Knowledge Test when you email this application.
4. I need the following information to input into the FAA DMS database and for my records.
5. After receiving this completed form I will contact you to schedule your practical test.



Brandon Ayers

FAA Designated Pilot Examiner

Cell - (940) 782-8062

Email - ayersaviation@gmail.com

APPLICANT INFORMATION:

Applicant Full Legal Name:

Applicant Mailing Address:

Applicant Email:

Phone:

Can you receive text messages: Yes No

Applicant Age:

Applicant Date of Birth:

Applicants grade of existing pilot Certificate:

Applicant Pilot Certificate Number:

Current Medical: 1st, 2nd, 3rd, or Basic Med

Date of Last Medical issued:

AIRCRAFT INFORMATION:

Aircraft Make & Model:

N- Number:

TEST INFORMATION:

Type of Test: (private, Instrument, Commercial, etc)

Initial Re-test Discontinuance

Are you a graduate of an FAA Part 141 Course? Yes No

Applicant FTN (FAA Tracking Number)

IACRA Application ID #

INSTRUCTOR INFORMATION:

Recommending Instructors Name:

Recommending Instructors email:

Recommending Instructors phone:

Recommending CFI Number & expiration date: