

## CHECKRIDE INFORMATION

Form must be turned in no later than 5 days prior to reservation date to reserve a slot.

TYPE OF TEST:

RETEST: YES ☐ NO ☐

Date Sought:

Time Sought:

LOCATION:

---

## APPLICANT INFORMATION

NAME ON PILOT CERTIFICATE:

CERTIFICATE # :

TYPE CERTIFICATE HELD:

FTN # :

PHONE # :

EMAIL:

AIRCRAFT TO BE USED MAKE AND MODEL:

---

## RECOMENDING INSTRUCTOR INFORMATION

NAME AS IT APPEARS ON PILOT CERTIFICATE:

CERTIFICATE # :

PHONE #:

---

IACRA COMPLETED? YES ☐ NO ☐

AKTR Error Codes: (Please list all AKTR Error codes from your written test.)

If you have any questions, please feel free to reach out to me.

Respectfully,  
John Gordy  
(214) 402-3531  
gordini@ix.netcom.com