

UNITED FLYING CLUB
RECORDS UPDATE

*** TO BE COMPLETED BY INSTRUCTOR & RETURNED TO FLIGHT MANAGER ***

Pilot _____ Member# _____

Pilot Certificate type _____ Cert.# _____ Date issued _____

Medical Cert. Class _____ Date Issued _____ Biennial Flight Review date _____

Total Flight Hours _____ Instrument Rated: Y / N Picture ID _____

FLIGHT CHECK

Aircraft completed in: model _____ N# _____

Airports visited _____ # of landings _____

Check-out flight time _____ Ground instruction _____ Date completed _____

Check Out

Pilot Review Form

_____ Local Operations Check ==> _____ Local Operations Review

_____ Aircraft Check Out _____ ==> _____ Flight Manual Review

_____ Flight Review ==> _____ F.A.R / Airspace Review

_____ Night Check () basic ==> _____ Night Operations Review
() unrestricted

_____ High Altitude Check ==> _____ High Alt. Operations Review

_____ Other _____

comments _____

The above Check-Out(s) and corresponding Pilot Review Form(s) have been satisfactorily completed.

Instructor _____ Date _____
(signature) (CFI#/exp)