



Aircraft Checkout / Flight Review / Currency Review

Pilot Name _____ Date _____

Certificate Type _____ Certificate Number _____

Ratings and Limitations _____

Medical Class, Date, and Limitations _____

Aircraft Flown: N205DS _____ N3521Q _____ N397ME _____ Time in Type 182S _____

Last Flight Review Date _____

GROUND REVIEW OF 14CFR PART 91

Hours: _____ Remarks: _____

FLIGHT MANEUVERS AND PROCEDURES

MANDATORY ITEMS FOR AIRCRAFT CHECKOUT:

_____ Go Arounds/Balked Landing **(Mandatory)**

_____ No Flap Landing **(Mandatory)**

_____ Autopilot Usage **(Mandatory)**

Emergency Procedures **(Mandatory)**

_____ Loss of Power **(Mandatory)**

_____ Electrical Fire **(Mandatory)**

_____ Carburetor Ice **(Mandatory)**

Additional items at CFI discretion

_____ Power On Stalls _____ Power Off Stalls

_____ 180 degree and 360 degree Normal Turn

_____ 180 degree and 360 degree Steep Turn

_____ Approach to Landing Stalls

_____ Slow Flight – Landing Configuration

_____ S – Turns

_____ Soft Field Taxi and Takeoff

_____ Short Field Takeoff, Approach and Landing

15 Minutes with view limiting device to include:

_____ 180 degree and 360 degree Normal Turn

_____ 180 degree and 360 degree Steep Turn

_____ Climb and Descend - Normal

Flight Hours: _____ Remarks: _____

COMPLETION OF REVIEW / CHECKOUT

CFI Signature: _____ Date: _____

Certificate Number: _____ Expiration: _____

_____ I have received a **Flight Review** consisting of ground instruction, flight maneuvers and procedures marked above.

_____ I have received an **Aircraft Checkout** consisting of ground and flight instruction and procedures marked above.

_____ I have received a **Currency Checkout** consisting of ground and flight instruction and procedures marked above.

Pilot Signature: _____ Date: _____