

Pilot's Aeronautical History for Flight Review

Pilot's Name: _____ CFI: _____
Address: _____
Phone(s): _____ e-mail: _____

Type of Pilot Certificate(s):

Private _____ Commercial _____ ATP _____ Flight Instructor _____

Rating(s):

Instrument _____ Multiengine _____

Experience (Pilot):

Total time _____ Last 6 months _____ Avg hours/month _____

Time logged since last flight review _____ Since last IPC _____

Experience (Aircraft):

Aircraft type(s) you fly _____

Aircraft used most often _____

For this aircraft:

Total time _____ Last 6 months _____ Avg hours/month _____

Experience (Flight environment):

Since your last flight review, approximately how many hours have you logged in:

Day VFR _____ Day IFR _____ IMC _____

Night VFR _____ Night IFR _____

Mountainous terrain _____ Overwater flying _____

Airport with control tower _____ Airport w/o control tower _____

Type of Flying (External factors):

What percentage of your flying is for:

Pleasure _____ Business _____ Local _____ XC _____

Personal Skills Assessment:

What are your strengths as a pilot? _____

What do you most want to practice/improve? _____

What are your aviation goals? _____