



Applicant Information for Airman Practical Test/DPE Services appointment

(* mandatory fields)

SUBMIT THIS INFORMATION AFTER CONFIRMATION WITH EXAMINER.

PLEASE PRINT LEGIBLY

PLEASE PRINT LEGIBLY

Test Information

APPLICANT Information:

*TYPE OF PRACTICAL TEST: _____ Initial__ Retest__

*Aircraft make and model for test: _____

*Date: _____ Time: _____ am/pm **(Confirmed with examiner)**

* Test Location: KMLB __. Other _____ (Test fee does NOT include FBO fees)

Flight School: _____

*Applicant name: _____

*Pilot Certificate Number: _____ *FTN Number: _____

*Phone Number: _____ email _____

RECOMMENDING Instructor Information:

*Name: _____ *CFI # _____

*Phone Number: _____ email _____

If **retest**, please provide date of **original** Notice of Disapproval (8060-5) _____

Knowledge Test (if applicable): Date _____ / Score _____

Aircraft installed avionics: _____

Flight Planning: ___ Paper ___ EFB: Type: _____

*Trip planning assignment: Scenario # _____

(Instructor/Applicant responsible for obtaining cross-country assignment as required for Practical Test)

Weight and Balance info.	_____	180 lbs	_____	10 lbs
	Applicant	Examiner		Baggage

****Refer to ACS (Page A-11) Practical Test Checklist (Applicant)****

DMS APPROVAL CODE _____ Date Entered _____

Office use only