



**Aircrew Personnel – Practical/Proficiency Test Form**

**Aircraft Type:** \_\_\_\_\_

Initial Type Rating/License     Recurrent     Instrument     Upgrade     Transition

Applicant Name:		License Number:		Part A
Test Fees	Date of Payment:	Amount Paid:	Receipt Number:	
Applicant Signature:		Date:		

For CAAI Office Use Only		Part B
Examiner's Name:	Application Expiration Date:	
Notes to Examiner:		
CAAI Stamp/Signature:	Date:	

For Examiner Use Only					Part C
Applicant Name:		License / Rating Sought:			
Type of Aircraft Used:	Registration Number:	Simulator Used:			
Location of Test	Performed on Date	Start Time	End Time	Total Flight Hours	
Examiner Comments:					
<b>Test Result: Satisfactory / Unsatisfactory</b>					
Examiner Recommendations to CAAI:					
Examiner's Name:	License Number:	Signature:	Date:		

For CAAI Office Use Only			Part D
Approved By:			
Inspector Name/Signature:	Date:		