FFI Formation Standards and Proficiency Program Annual Activity Report

Required for all Wingmen, Flight Leads, and Check Pilots

Applicant Name (as appears on Pilot Certificate)			Date	
Address		Email		
		Primary phone		
Pilot Certificate Type N	No	Medical Class	Date	
Total flight time Primary	/ Formation Aircraft Type _	Total # of formation fligh	ts in previous 12 months	
Emergency Contact		Phone_		
the previous 12 months Annual Activity Report the pilot's responsibilit Check Pilot. Failure to	ns to remain qualified. An F t for the Wingman, Flight Lo ty to log, track, document, a p provide required documen	fly in a 4-ship formation a minimum FFI Flight Lead or Check Pilot must ead, or Check Pilot to the FFI Pres and present the activity report to hintation in a two (2) year period will a flight with an FFI Check Pilot.	t sign and submit an sident. It is the is Flight Lead or	
FFI LEVEL OF QI	UALIFICATION AND FF	FI#: FORMATION FLIG	HTS (4 4-SHIPS)	
WINGMA	·· <u></u> -	Date:		
FLIGHT	 LEAD #	Date:		
	 LEAD #	Date:		
FLIGHT	 LEAD #	Date:		
FLIGHT I	LEAD # PILOT #	Date:		
FLIGHT I	LEAD # PILOT #	Date: Date:		
FLIGHT I	LEAD # PILOT #	Date: Date:		
FLIGHT I CHECK I Check pilots w	LEAD # PILOT # will list their check pilo	Date: Date:	this form.	
FLIGHT I CHECK I Check pilots w	LEAD # PILOT # will list their check pilo	Date: Da	this form.	

A \$35 processing fee is required, payable by cash or check to FORMATION FLYING, INC.

Mail report and payment to:

Formation Flying, Inc. 3443 Modena Circle Las Vegas, NV 89120