

FFI CHECK PILOT Evaluation Form

IMPORTANT! RELEASE/ HOLD HARMLESS MUST BE PRINTED ON REVERSE SIDE AND MUST BE SIGNED BEFORE FLIGHT

Applicant Name (as appears on Pilot Certificate) _____ Date _____
 Address _____ Email _____
 _____ Primary phone _____
 Pilot Certificate Type _____ No. _____ Medical Class _____ Date _____
 Total flight time (1000 hrs min) _____ Total form time (100 hrs min) _____ 4-ship flights as Flt Lead (20 min) _____
 A/C Type _____ Emergency Contact _____ Phone _____

RECOMMENDATIONS (2 required):

I have observed the above pilot in _____ formation flights, find him/her qualified, and recommend him/her for an FFI Check Pilot evaluation.
 Recommending Check Pilot / Flight Lead Name _____ FFI # _____
 Recommending Check Pilot / Flight Lead Signature _____ Date _____

I have observed the above pilot in _____ formation flights, find him/her qualified, and recommend him/her for an FFI Check Pilot evaluation.
 Recommending Check Pilot / Flight Lead Name _____ FFI # _____
 Recommending Check Pilot / Flight Lead Signature _____ Date _____

EVALUATION PRACTICAL TEST STANDARDS (To be filled out by Check Pilot)

	QUAL	COND QUAL	UNQUAL		QUAL	COND QUAL	UNQUAL
1 Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Takeoff / Joinup / Route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Formation knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 General Flight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Air Show knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Maneuvers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Pattern and Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Briefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Debriefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Ground Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SUMMARY OF FLIGHT EVALUATION

QUALIFIED Comments: _____
 CONDITIONALLY QUALIFIED
 UNQUALIFIED

Recommendation for further training: _____

Check Pilot Name (print) _____ FFI # _____
 Check Pilot Signature _____ Date _____

RELEASE / HOLD HARMLESS

The undersigned Holder/Applicant of/for a Formation Flying, Incorporated (FFI) Wingman/Flight Lead/Check Pilot Formation Card hereby agrees to be familiar with and abide by the guidelines of FFI. I further acknowledge and understand that the guidelines of FFI have been established to provide the Holder/Applicant of/for the Card with the minimum information necessary to understand the procedures and signals of formation flying. I further acknowledge and understand that it is my sole responsibility to keep fully informed, current, and aware of all information available from whatever source concerning formation flight. The undersigned recognizes and agrees that no representation or warranties have been made to him/her which are inconsistent with any of the procedures, signals, and policies, as set forth within industry standard formation flying instructional manuals. Further, I hereby acknowledge and recognize that this Formation Card Evaluation does not waive my obligation to abide by all local, state, and Federal rules and regulations. I further recognize that formation flight training and formation flying is inherently dangerous wherein there is a possibility of injury or death, and in consideration of my acceptance of this Formation Card issued by FFI, I, for myself, my heirs, executor, administrators, and assigns do hereby release and forever discharge FFI, its members, officers, directors, employees, suppliers, agents, or representatives of and from any and all claims, demands, losses, or injuries incurred or sustained by me as a result of instruction, training, attending, participating in, practicing for, and traveling to and from activities involving formation flights. Further, I agree to accept any and all financial obligations incurred as a result of medical assistance, hospitalization, and related expenses which may arise out of participation, attendance, practicing for, traveling to and from, or because of engaging in formation flights organized by any named entity or individual named herein.

I agree to abide by Program policies and procedures and commit to serve the formation community.

Printed Name _____ Date _____

Signature _____

Witness Name _____ Date _____

Signature _____

Additional Comments (continued from front side)

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

Mail form and payment to:

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