FFI Check Pilot Evaluation Form

(Your Hold Harmless, witnessed and dated the day of the checkride, must accompany this form.)

Name (as it appears on Pilot Certificate)_____ Date_____

Address _____ Email _____

_____ Phone_____

Pilot Certificate - Type & Number _____ Medical Class_____Date _____

Flight Lead Card #_____ Flight Lead Card Expiration _____

Total Flight Time (300 hrs. Min.)_____ Total Formation Time (40 hr. min)_____ 4-ship flights (20 min.) _____

Primary Formation Aircraft_____Emergency Contact_____ Phone _____

RECOMMENDATION: We have observed the above pilot in _____formation flights, find him/her qualified and recommend him/her for a Check Pilot Evaluation.

1. Rec. FL/CP Name:_____FFI#_____Expiration_____

1. Rec. FL/CP Signature_____Date _____

2. Rec. FL/CP Name:_____FFI#_____Expiration_____

2. Rec. FL/CP Signature_____Date_____

EVALUATION PRACTICAL TEST STANDARDS ***Recommendation valid for 30 days from signature date***

(To be filled out by Check Pilot)

	QUAL	UNQUAL
1. Signals	☐	☐
2. Formation Knowledge	☐	☐
3. Air Show Knowledge	☐	☐
4. Gound Operations	☐	☐
5. Communications	☐	☐
6. Run-up	☐	☐
7. Formation Takeoff	☐	☐
8. Climb Out/Route	☐	☐
9. Cross Unders	☐	☐
10. Pitch Out and Rejoin	☐	☐
11. Echelon Turns	☐	☐
12. Lazy 8 Maneuvers	☐	☐
13. Pattern/Landing	☐	☐
14. Taxi/Debrief	☐	☐

Qualified ☐

Unqualified ☐

Comments:

Check Pilot_____ FFI#_____ Expiration_____

Check Pilot Signature_____ Date_____

Mail this report and $50, cash or check, processing fee to:

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

V 5.2026