

FFI Flight Lead 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 _____

Wingman Card # _____ Wingman 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: I have observed the above pilot in _____ formation flights, find him/her qualified, and recommend him/her for an FFI Flight Lead Evaluation.

Recommending Flight Lead Name: _____ FFI# _____ Expiration _____

Recommending Flight Lead Signature _____ Date _____

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

Recommendation valid for 30 days from signature date

	QUAL	UNQUAL
1. Signals	☐	☐
2. Formation Knowledge	☐	☐
3. Air Show Knowledge	☐	☐
4. Gound Operations	☐	☐
5. Communications	☐	☐
6. Run-up	☐	☐
7. Formation Takeoff	☐	☐

	QUAL	UNQUAL
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 Date _____

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