

# VIRGINIA WING PILOT DATA SUMMARY

Please print neatly

Date \_\_\_\_\_  
Pilot's Name \_\_\_\_\_ Rank \_\_\_\_\_ Unit Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ CAPSN \_\_\_\_\_  
Medical Cert. Class \_\_\_\_\_ Date \_\_\_\_\_ Pilot Certificate No. \_\_\_\_\_  
ATP \_\_\_ Comm \_\_\_ Priv \_\_\_ CFI \_\_\_ CFII \_\_\_ Instrument s \_\_\_ Ratings \_\_\_\_\_  
Date of Last Flight Review \_\_\_\_\_ Instructor Certificate Expiration Date \_\_\_\_\_

## FLYING HOURS BY GROUP:

	Total Time	Last 6 Months
Single Engine (Tricycle, Fixed Gear, Group 1)	_____	_____
Single Engine (Tail wheel, Group 3)	_____	_____
Single Engine (High Performance, Group 2)	_____	_____
Single Engine (Retractable Gear, Group 2)	_____	_____
Multi-engine (Group 6)	_____	_____
Glider Time	_____	_____
<b>Total Time Logged:</b>	_____	_____

**Additional Flight Information:** Total PIC Time: \_\_\_\_\_ Total PIC X-C: \_\_\_\_\_  
Instrument (Actual & Simulated): \_\_\_\_\_ Last 6 Months: \_\_\_\_\_

## IN THE EVENT OF ACCIDENT OR EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**STATEMENT OF UNDERSTANDING (1/1/92):** In order to fly CAP aircraft, I understand I must meet FAA and CAPR 60-1, Flying, CAP Flight Management, requirements. I understand that these directives are changed from time to time and it is my responsibility to know and comply with these changes. I also understand that violation of these requirements may result in action being taken against me under the provisions of CAPR 60-1 and CAPR 62-2, Safety, Mishap Reporting and Investigation. I understand the provisions of CAPR 62-2 and CAPR 900-5, The CAP Insurance/Benefits Program, regarding liability for damage to CAP property.

\_\_\_\_\_  
(Pilot's signature) (date)

## SECTION BELOW TO BE FILLED OUT BY CHECK PILOT ONLY

**CHECK PILOT ENDORSEMENT:** I have given this applicant an annual CAPF-5 check ride, and have graded the applicant's 30 question test and aircraft questionnaire(s). Based on the make and model of aircraft and the questionnaire(s) reviewed, this applicant is qualified to operate the following makes and models of aircraft in Virginia Wing for one year beyond the date of the CAPF-5 annual check ride (circle applicable models, or write in under "other"):

C-172      C-182      C-R-182      MT-7-235

Other makes & models (list): \_\_\_\_\_

CAP annual checkride was conducted in a (make & model) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
(Date)      (Check Pilot's Name)      (Cert. No.)      (Check Pilot's Signature)