

Fox Flying Club

August 1 – October 31 & February 1 – April 30

Flight Safety Review

Aircraft Checkout

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cert. #: _____

Cert. Type: Student Pvt Comm ATP CFI CFII

Instrument Rated: Yes No

Medical Class: 1st 2nd 3rd

Medical Expiration Date: _____ / _____ / _____

BFR Expiration Date: _____ / _____ / _____

Have you, within the past 36 months, had your pilot's or driver's license suspended or revoked, or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol?: Yes No

Pilot's Signature:

Date: _____ / _____ / _____

Aircraft used: _____

Authorized to fly:

N2681 N773SP N81898

Total flight hours: _____

Retract flight hours: _____

Arrow flight hours: _____

Preheater familiarization:

Check Pilot: _____

CFI #: _____

CFI Expiration: _____ / _____ / _____

CFI Signature:

Send to Membership Officer. Include copies of updated medical, BFR, complex endorsement, pilot certificate, etc.