

# FLIGHT REVIEW PLAN AND CHECKLIST

Name \_\_\_\_\_

Date \_\_\_\_\_

Grade of Certificate \_\_\_\_\_ Certificate No. \_\_\_\_\_

Ratings and Limitations \_\_\_\_\_

Class of Medical \_\_\_\_\_ Date of Medical \_\_\_\_\_

Total Flight Time \_\_\_\_\_ Time in Type \_\_\_\_\_

Aircraft to be Used: *Make and Model* \_\_\_\_\_ *N#* \_\_\_\_\_

Location of Review \_\_\_\_\_

## ***I. REVIEW OF FAR PART 91***

Ground Instruction Hours: \_\_\_\_\_

Remarks: \_\_\_\_\_

## ***II. REVIEW OF MANEUVERS AND PROCEDURES (list in order of anticipated performance)***

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_
- L. \_\_\_\_\_
- M. \_\_\_\_\_

Flight Instruction Hours: \_\_\_\_\_

Remarks: \_\_\_\_\_

### **III. OVERALL COMPLETION OF REVIEW**

Remarks: \_\_\_\_\_

Signature of CFI \_\_\_\_\_ Date \_\_\_\_\_

Certificate No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I have received a flight review which consisted of the ground instruction and flight maneuvers and procedures noted above.

Signature of the Pilot \_\_\_\_\_ Date \_\_\_\_\_