

The FAA requires Designated Examiners to receive authorization prior to administering practical tests. As a result, I must receive the following information **at least 3 days prior** to your scheduled test date.

Work with your instructor to fill in the information.

Thank you for your cooperation.

Rob Dumovic

Cell: 330-398-2939

Checkride Applicant Data Form

PLEASE SEND THE FOLLOWING INFORMATION TO:

Rob Dumovic: Rob@spreadaviation.com

Type of Practical Test _____

Certificate(s) you now hold _____

APPLICANT'S IACRA FTN NUMBER: _____

Grade of Certificate That Is Sought in the Test

(e.g. Private, Commercial, ATP, CFI- not IFR/ AMEL, etc.) _____

Aircraft Category: _____

Aircraft Class _____

Aircraft Make and Model to be Used _____

Proposed Activity StartDate _____

Proposed Activity Start Time _____

Full Legal Name of the Applicant _____

Certificate Number of the Applicant _____

Applicant E-Mail _____

Applicant Phone Number _____

Name of Recommending Instructor _____

CFI Number of Recommending Instructor _____

Airport Identifier of Checkride Location _____

Name of FBO or Flight School Where Commencing Checkride _____

Street Address of Above _____

City _____ State _____ Postal Code _____

Certificate or Rating Applied for on the Basis Of (check all that apply):

- Completion of Test or Activity
- US Military Competence or Experience
- Graduate of Approved Course

If yes, name and designation number of FAA-approved school: _____

- Holder of Foreign License
- Air Carrier Training Program