

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