



Transport Canada

Transports Canada

FLIGHT TEST REPORT INSTRUMENT RATING

NAME OF APPLICANT		<input type="radio"/> CHANGE OF ADDRESS		FILE NUMBER	
NAME OF INSTRUCTOR RECOMMENDING TEST		FREELANCE INSTRUCTOR <input type="radio"/>		FILE NUMBER	
NAME OF EXAMINER		FILE NUMBER		FILE NUMBER	
FLIGHT TRAINING UNIT		CODE		FILE NUMBER	
AIRCRAFT TYPE		REGISTRATION		FILE NUMBER	
SIMULATOR TYPE		FILE NUMBER		FILE NUMBER	
INSTRUMENT RATING		FILE NUMBER		FILE NUMBER	
<input type="radio"/> Initial <input type="radio"/> Renewal Group <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Partial Test		FILE NUMBER		FILE NUMBER	

DATE		
DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

FLIGHT TEST REGION					
<input type="radio"/> PAC.	<input type="radio"/> P/N	<input type="radio"/> ONT.	<input type="radio"/> QUE.	<input type="radio"/> ATL.	<input type="radio"/> HQ.

FLIGHT TEST TIMES		
Pre Flight	Flight	Post Flight
<input type="text"/>	<input type="text"/>	<input type="text"/>

EXERCISE		MARK	REMARKS
1.	A. Obtaining Weather Information	<input type="text"/>	
	B. Flight Planning	<input type="text"/>	
	C. Instrument Cockpit Checks	<input type="text"/>	
2.	IFR Operational Knowledge	<input type="text"/>	
3.	ATC Clearances	<input type="text"/>	
4.	Departure	<input type="text"/>	
5.	Enroute	<input type="text"/>	
6.	Arrival	<input type="text"/>	
7.	Holding	<input type="text"/>	
8.	A. <input type="radio"/> VOR <input type="radio"/> LOC BC <input type="radio"/> ILS <input type="radio"/> RNAV <input type="radio"/> LOC <input type="radio"/> NDB <input type="radio"/> GPS	<input type="text"/>	
	B. <input type="radio"/> VOR <input type="radio"/> LOC BC <input type="radio"/> ILS <input type="radio"/> RNAV <input type="radio"/> LOC <input type="radio"/> NDB <input type="radio"/> GPS	<input type="text"/>	
9.	Missed Approach	<input type="text"/>	
10.	Transition to Landing Circling <input type="radio"/>	<input type="text"/>	
11.	A. Engine Failure (Multi-engine)	<input type="text"/>	
	B.	<input type="text"/>	
	C.	<input type="text"/>	
	D.	<input type="text"/>	

FINAL ASSESSMENT	PASS MARK 39	PASSED <input type="radio"/>	FAILED <input type="radio"/>	MARK
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IFR Flight Plan Filed IMC VMC

Medical expiry date _____

INRAT pass date _____

Receipt No. _____

CERTIFIED CORRECT, EXAMINER

IFR VAILD TO	
MONTH	YEAR
<input type="text"/>	<input type="text"/>



