



Transport Canada

Transports Canada

FLIGHT TEST REPORT PRIVATE PILOT (Aeroplane)

NAME OF APPLICANT		DUAL FLYING TIME SOLO										FILE NUMBER					DATE															
																	DAY	MONTH	YEAR													
NAME OF INSTRUCTOR RECOMMENDING TEST		FREELANCE INSTRUCTOR <input type="radio"/>										FILE NUMBER					0	0	0	0	0	0										
																	1	1	1	1	1	1										
NAME OF EXAMINER		FILE NUMBER										0	0	0	0	0	0															
												1	1	1	1	1	1															
FLIGHT TRAINING UNIT		CODE										0	0	0	0	0	0															
												1	1	1	1	1	1															
LOCATION OF FLIGHT TEST												2	2	2	2	2	2															
AIRCRAFT TYPE		REGISTRATION										3	3	3	3	3	3															
												4	4	4	4	4	4															
												5	5	5	5	5	5															
												6	6	6	6	6	6															
												7	7	7	7	7	7															
												8	8	8	8	8	8															
												9	9	9	9	9	9															
<input type="radio"/> Private <input type="radio"/> Partial Test												FLIGHT TEST REGION						FLIGHT TEST TIMES														
												<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.						Pre Flight	Flight	Post Flight												
EXERCISE		MARK										REMARKS																				
2.	A. Documents and Airworthiness	1 2 3 4																									0	0	0	0	0	0
	B. Aeroplane Performance	1 2 3 4																									1	1	1	1	1	1
	C. Wt. and Balance, Loading	1 2 3 4																									2	2	2	2	2	2
	D. Pre-Flight Inspection	1 2 3 4																									3	3	3	3	3	3
	E. Engine Start/Run-up/Check List	1 2 3 4																									4	4	4	4	4	4
	F. Operation of A/C Systems	1 2 3 4																									5	5	5	5	5	5
4.	Taxing	1 2 3 4																									6	6	6	6	6	6
9.	Steep Turn	1 2 3 4																									7	7	7	7	7	7
11.	Slow Flight	1 2 3 4																									8	8	8	8	8	8
12.	A. Stall-power-off	1 2 3 4																									9	9	9	9	9	9
	B. Stall-power-on	1 2 3 4																														
14.	Spiral	1 2 3 4																														
15.	Slipping	1 2 3 4																														
16.	A. Normal Take-off	1 2 3 4																														
	B. Short Field <input type="radio"/> Soft Field <input type="radio"/>	1 2 3 4																														
17.	The Circuit	1 2 3 4																														
18.	A. Normal Approach & Landing	1 2 3 4																														
	B. Short Field <input type="radio"/> Soft Field <input type="radio"/>	1 2 3 4																														
	C. Overshoot	1 2 3 4																														
21.	Precautionary Landing	1 2 3 4																														
22.	Forced Landing																															
	A. Control / Approach	1 2 3 4																														
	B. Cockpit Management	1 2 3 4																														
23.	A. Pre-Flight Planning Procedures	1 2 3 4																														
	B. Departure Procedure	1 2 3 4																														
	C. En Route Procedure	1 2 3 4																														
	D. Diversion to an Alternate	1 2 3 4																														
24.	A. Full Panel	1 2 3 4																														
	C. Unusual Attitude	1 2 3 4																														
29.	Emergency Procedures/Malfunctions																															
	1.	1 2 3 4																														
	2.	1 2 3 4																														
30.	Radio Communication	1 2 3 4																														
FINAL ASSESSMENT		MARK REQUIRED		PASSED		FAILED		WEATHER CONDITIONS															RECEIPT NO.									
		Private		<input type="radio"/>		<input type="radio"/>																										
		62						CERTIFIED CORRECT, EXAMINER																								
																							MARK									

