



Transport Canada

Transports Canada

# FLIGHT TEST REPORT RECREATIONAL (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
NAME OF EXAMINER		FILE NUMBER				0 0 0 0 0 0 0						1	1	1
												1	1	1
FLIGHT TRAINING UNIT		CODE				0 0 0 0 0 0 0						2	2	2
												2	2	2
LOCATION OF FLIGHT TEST		0 0 0 0		2 2 2 2		2 2 2 2 2 2 2						3	3	3
												3	3	3
AIRCRAFT TYPE		REGISTRATION		3 3 3 3		3 3 3 3 3 3 3						4	4	4
												4	4	4
<input type="radio"/> Partial Test		4 4 4 4		6 6 6 6		6 6 6 6 6 6 6						5	5	5
												5	5	5
		5 5 5 5		7 7 7 7		7 7 7 7 7 7 7						6	6	6
												6	6	6
		6 6 6 6		8 8 8 8		8 8 8 8 8 8 8						7	7	7
												7	7	7
		7 7 7 7		9 9 9 9		9 9 9 9 9 9 9						8	8	8
												8	8	8
		8 8 8 8		9 9 9 9		9 9 9 9 9 9 9						9	9	9
										9	9	9		

  

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	Pre Flight	Flight	Post Flight
2. A. Documents and Airworthiness	1 2 3 4		0	0	0
B. Aeroplane Performance	1 2 3 4		1	1	1
C. Wt. and Balance, Loading	1 2 3 4		2	2	2
D. Pre-Flight Inspection	1 2 3 4		3	3	3
E. Engine Start/Run-up/Check List	1 2 3 4		4	4	4
3. Ancillary Controls	1 2 3 4		5	5	5
4. Taxiing or Sailing and Docking	1 2 3 4		6	6	6
11. Slow Flight	1 2 3 4		7	7	7
12. Stall	1 2 3 4		8	8	8
14. Spiral	1 2 3 4		9	9	9
15. Sideslip	1 2 3 4				
16. A. Normal Take-off	1 2 3 4				
B. Short <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 <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	1 2 3 4				
23. Pilot Navigation	1 2 3 4				
29. Emergency Procedures	1 2 3 4				

  

FINAL ASSESSMENT	MARK REQUIRED	PASSED	FAILED	MARK
	42	<input type="radio"/>	<input type="radio"/>	

  

RECEIPT NO.	WEATHER CONDITIONS

  

CERTIFIED CORRECT, EXAMINER

