

Proficiency Check Procedures for Obtaining Additional Category/Class Sport Pilot Privileges

The guidance below is for flight instructors conducting proficiency check in accordance with 14 CFR 61.321 and 61.419. The following will define the difference between a proficiency check and a practical test.

(1) A Proficiency Check is required if the pilot holds a FAA pilot certificate and wants to fly a different category or class of aircraft at the Sport Pilot level. A Proficiency Check is only done by an authorized flight instructor or an FAA inspector. The FAA form 8710-11 is used to record the Proficiency Check. This form is completed by the applicant, signed by the recommending instructor and presented, prior to the flight, to the instructor or inspector performing the Proficiency check. ***The Practical Test Standards are used in conducting a Proficiency Check and the FAA FORM 8710-11 must be mailed to the Airman Certification Branch in Oklahoma City within 10 days.***

(2) A Practical Test is required for an initial sport pilot certificate based on 14 CFR 61.307 or 61.329(a) or a flight instructor certificate with a sport rating based on 61.405 or 61.431. A practical test can be done only by a Sport Pilot Examiner (SPE) or an Aviation Safety Inspector (ASI).

The following instructions are to be used for completing the Airman Certificate And/Or Rating Application FAA Form 8710-11.

I. APPLICATION INFORMATION. Check appropriate blocks(s).

Block A. Name. Enter legal name. Use no more than one middle name for record purposes. Do not change the name on subsequent applications unless it is done in accordance with 14 CFR Section 61.25. If you do not have a middle name, enter "NMN". If you have a middle initial only, indicate "Initial only." If you are a Jr., or a II, or III, so indicate. If you have an FAA Pilot certificate, the name on the application should be the same as the name on the certificate unless you have had it changed in accordance with 14 CFR Section 61.25.

Block B. Social Security Number. Optional: See supplemental Information Privacy Act. Do not leave blank: Use only US Social Security Number. Enter either "SSN" or the words "Do not Use" or "None." SSN's are not shown on certificates.

Block C. Date of Birth. Check for accuracy. Enter eight digits; Use numeric characters, i.e., 07-09-1925 instead of July 9, 1925. Check to see that DOB is the same as it is on the medical certificate or other documents.

Block D. Place of Birth. If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country where you were born.

Block E. Permanent Mailing Address. Enter residence number and street, P.O. Box or rural route number in the top part of the block above the line. The City, State, and ZIP code go in the bottom part of the block below the line. Check for accuracy. Make sure the numbers are not transposed. FAA policy requires that you use your permanent mailing address. Justification must be provided on a separate sheet of paper signed and submitted with the application when a PO Box or rural route number is used in place of your permanent physical address. A map or directions must be provided if a physical address is unavailable.

Block F. Citizenship. Check USA if applicable. If not, enter the country where you are a citizen.

Block G. Do you read, speak, write and understand the English language? Check yes or no.

Block H. Height. Enter your height in inches. Example: 5'8" would be entered as 68 in. No fractions, use whole inches only.

Block I. Weight. Enter your weight in pounds. No fractions, use whole pounds only.

Block J. Hair. Spell out the color of your hair. If bald, enter "Bald."
Color should be listed as black, red, brown, blond, or gray. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Block K. Eyes. Spell out the color of your eyes. The color should be listed as blue, brown, black, hazel, green, or gray.

Block L. Sex. Check male or female.

Block M. Do You Now Hold or Have You Ever Held An FAA Pilot Certificate? Check yes or no. (NOTE: A student pilot certificate is a "Pilot Certificate.") The answer is "no" if the application is on basis of foreign license or military competence

Block N. Grade of Pilot Certificate. Enter the grade of pilot certificate (i.e., Student, Sport, Recreational, Private, Commercial, or ATP). Do NOT enter flight instructor certificate information.

Block O. Certificate Number. Enter the number as it appears on your pilot certificate.

Block P. Date Issued. Enter the date your pilot certificate was issued.

Block Q. Do You Now Hold A Medical Certificate? Check yes or no. If yes, complete Blocks R, S, and T.

Block R. Class of Certificate. Enter the class as shown on the medical certificate, i.e., 1st, 2nd, or 3rd class.

Block S. Date Issued. Enter the date your medical certificate was issued.

Block T. Name of Examiner. Enter the name as shown on medical certificate and M.D or D.O. as appropriate.

Block U. Do you hold a US Drivers License? Must be checked if you do not hold a valid medical.

Block V. License Number.

Block W. State of Issuance. Must be a US issued Drivers License.

Block X. Date Issued.

Block Y. Expiration Date.

Block Za. Narcotics, Drugs. Check appropriate block. Only check "Yes" if you have actually been convicted. If you have been charged with a violation which has not been adjudicated, check "No". If block "U" was checked "Yes" give the date of final conviction.

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

Block A. Completion of Required Test.

1. **AIRCRAFT TO BE USED.** (If flight test required) – Enter the make and model of each aircraft used for this flight test. (a) Enter the time in each make and model used for this flight test. (b) Enter the Pilot-In-Command Flight Time - In each make and model used for this flight test.
2. **THE AIRCRAFT USED FOR THE FLIGHT TEST MUST BE A LIGHT SPORT AIRCRAFT.**

Block B. DO NOT USE

Block C. DO NOT USE

III. RECORD OF PILOT TIME.

There is no minimum pilot experience required by for the proficiency check. **Enter only the pilot time that is acquired in an N-numbered aircraft.** DO NOT ENTER TIME THAT IS ACQUIRED IN AN ULTRA LIGHT VEHICLE. If decimal points are used, be sure they are legible. You should fill in the blocks that apply and ignore the blocks that do not.

IV. HAVE YOU FAILED A TEST FOR THIS CERTIFICATE OR RATING? Check appropriate block.

V. APPLICANT'S CERTIFICATION.

- A. SIGNATURE. The way you normally sign your name.
- B. DATE.



U.S. Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application – Sport Pilot

I. Application Information Student Sport Private Proficiency Check Additional Rating

Airplane Gyroplane Balloon Airship Glider Powered Parachute Weight Shift Control

Flight Instructor _____ Initial _____ Renewal _____ Reinstatement

Reexamination Reissuance of _____ certificate Other _____

| | | | |
|--|---------------------------------------|---------------------------------------|---|
| A. Name (Last, First, Middle) JULIE POTTER | B. SSN (US only) DO NOT USE | C. Date of Birth 09/18/1965 | D. Place of Birth OKLAHOMA CITY, OK |
|--|---------------------------------------|---------------------------------------|---|

| | | |
|--|--|--|
| E. Address 15962 W. AIR CREATION DRIVE | F. Citizenship (Citizenship) Specify <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other | G. Do you read, speak, write & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|

| | | | | | |
|---|----------------------------|------------------------------|-------------------------|-------------------------|---|
| City, State, Zip Code Oklahoma City, OK 73132 | H. Height 58 In. | I. Weight 101 lbs. | J. Hair BROWN | K. Eyes BROWN | L. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|---|----------------------------|------------------------------|-------------------------|-------------------------|---|

| | | | |
|--|----------------------------|-----------------------|----------------|
| M. Do you now hold, or have you ever held an FAA Pilot Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N. Grade Pilot Certificate | O. Certificate Number | P. Date Issued |
|--|----------------------------|-----------------------|----------------|

| | | | |
|--|-------------------------|----------------|---------------------|
| Q. Do you hold a Medical Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | R. Class of Certificate | S. Date Issued | T. Name of Examiner |
|--|-------------------------|----------------|---------------------|

| | | | | |
|--|---|---|-------------------------------------|---|
| U. Do you hold a US Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | V. License Number 00987683888 | W. State of Issuance Oklahoma | X. Date Issued 02/25/2005 | Y. Expiration Date 02/25/2009 |
|--|---|---|-------------------------------------|---|

| | |
|--|------------------------------|
| Za. Have you ever been convicted of violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Zb. Date of Final Conviction |
|--|------------------------------|

If Certificate, Privilege or Rating Applied For on Basis of:

| | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> A. Completion of Required Test | 1. Aircraft to be used (if flight test required) 1) Air Creation GTE 2) | 2a. Total Time in this aircraft SIM/FTD 1) 125.5 2) hours SIM) FTD) | 2b. Pilot in Command 1) 100.52 2) hours |
| <input type="checkbox"/> B. Graduate of Approved/Accepted Course | 1. Name and Location of Training Agency or Training Center | 1a. Certification Number | |
| | 2. Curriculum From Which Graduated | 3. Date | |
| <input type="checkbox"/> C. Holder of Foreign License Issued By | 1. Country | 2. Grade of License | 3. Number |
| | 4. Ratings | | |

III. Record of Pilot Time (Do not write in the shaded areas)

| | Total | Instruction Received | Solo | Pilot in Command (PIC) | Cross Country Instruction Received | Cross Country Solo | Cross Country PIC | Instrument | Night Instruction Received | Night Takeoff Landings | Night PIC | Night Takeoff Landing PIC | Number of Flights | Number of Aero-Tows | Number of Ground Launches | Number of Powered Launches |
|-----------------------------|-------|----------------------|------|------------------------|------------------------------------|--------------------|-------------------|------------|----------------------------|------------------------|-----------|---------------------------|-------------------|---------------------|---------------------------|----------------------------|
| Airplanes | | | | PIC | | | PIC | | | | PIC | PIC | | | | |
| | | | | SIC | | | SIC | | | | SIC | SIC | | | | |
| Rotorcraft (Gyroplane Only) | | | | PIC | | | PIC | | | | PIC | PIC | | | | |
| | | | | SIC | | | SIC | | | | SIC | SIC | | | | |
| Gliders | | | | | | | | | | | | | | | | |
| Lighter Than Air | | | | | | | | | | | | | | | | |
| Weightshift Control | | | | | | | | | | | | | | | | |
| Powered Parachute | | | | | | | | | | | | | | | | |

IV. Have you failed a test for this certificate, privilege or rating? Yes No

V. Applicant's Certification – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act Statement that accompanies this form.

| | |
|--|------------------------|
| Signature of Applicant <i>Sign Your Name</i> | Date 09/24/2005 |
|--|------------------------|

The Flight Instructor conducting the Proficiency Check must identify the applicant prior to the Proficiency Check:

All applicants for Proficiency Checks must apply in person and present positive identification at the time of application. Such identification must include an official photograph of the applicant, the applicant’s signature, and the applicant’s residential address, if different from the mailing address. This information may be presented in more than one form of identification. See 14 CFR 61.3(a)(2) for acceptable forms of identification.

(1) The instructor SHALL NOT accept a post office box address on the application unless the applicant resides on a rural route, a boat, or in some other location that requires the use of a post office box or rural route number for an address. If this is the case, the applicant must disclose the location of his or her physical address on a separate piece of paper and attest to the circumstances by signature.

(2) The FAA Form 8710-11 provides a space on the back of the form for Airman’s Identification. The instructor records the form of identification submitted, its identifying number and the expiration date (e.g., Oklahoma Driver’s License number 610016, 09-04-2015). In addition, the instructor should enter the applicant’s telephone number and e-mail address on the back page of the application. (If a driver’s license is used, it must be a valid U.S. driver’s license.) Acceptable methods of identification include, but are not limited to, driver’s licenses, government identification cards or passports.

Back side of the FAA Form 8710-11:


This area is used only if the form is single sided
(IE: Front on one piece of paper and back on other
piece of paper)

| | | |
|---|---|--|
| Attachments: <input type="checkbox"/> Student Pilot Certificate (copy) <input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate | <input checked="" type="checkbox"/> Airman's Identification (ID) | ID: Name: _____ |
| | Oklahoma DL Form of ID _____ 00987683888 Number _____ 09-25-2009 Expiration Date _____ 405-555-9807 Telephone Number _____ | Date of Birth: _____ Certificate Number: _____ Email Address: <u> sportpilot@faa.gov</u> |

Proficiency Checks for PILOTS are accomplished for additional category or class privileges in accordance with 14 CFR 61.321.

Below is an example of the application information on the top part of an 8710-11 for a person with a Recreational Pilot certificate or above with an airplane single engine land rating, who wants to fly a weight-shift control aircraft at the Sport Pilot level.

Form Approved OMB No: 2120-0690

| | |
|--|---|
|  U.S. Department of Transportation Federal Aviation Administration | Airman Certificate and/or Rating Application - Sport Pilot |
| I Application Information | |
| <input type="checkbox"/> Student <input checked="" type="checkbox"/> Sport <input type="checkbox"/> Private <input checked="" type="checkbox"/> Proficiency Check <input type="checkbox"/> Additional Rating | |
| <input type="checkbox"/> Airplane <input type="checkbox"/> Gyroplane <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Glider <input type="checkbox"/> Powered Parachute <input checked="" type="checkbox"/> Weight Shift Control | |
| <input type="checkbox"/> Flight Instructor _____ Initial _____ Renewal _____ Reinstatement | |
| <input type="checkbox"/> Reexamination <input type="checkbox"/> Reissuance of _____ certificate <input type="checkbox"/> Other _____ | |

On the back side of this form the flight instructor who did the training in accordance with the appropriate SPORT PILOT PRACTICAL TEST STANDARD (PTS) must sign the Instructor’s Recommendation block.

| Instructor’s Recommendation | | | |
|---|---|---------------------------|--------------------------------|
| I have personally instructed the applicant and consider this person ready to take the test. | | | |
| Date 09-20-2005 | Instructor’s Signature (Print Name & Sign) Amanda Hlubin <i>Sign Your NAME</i> | Certificate No: 555764 | Certificate Expires 05-2006 |

After a satisfactory Proficiency Check is completed in accordance with the appropriate PTS, the flight instructor who performs the check will fill out this block on the back of the 8710-11 and provide an endorsement in the applicant’s log book. The instructor will state the word “PILOT” for a pilot proficiency check as shown below. The abbreviation for the Flight Standards District Office (FSDO) area in which the instructor resides in will be placed in the right hand corner of the Instructors Record block. The FSDO list is located at the end of this document.


| Proficiency Check - Instructors Record | | | |
|---|---|---------------------------|-----------------------|
| <input checked="" type="checkbox"/> I have personally reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J {61.321} for the proficiency check sought. | | | |
| <input checked="" type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in <u>PILOT WSCL</u> and <u>Air Creation GTE</u> light-sport aircraft. | | | |
| Proficiency Check: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (OKC-FSDO) | | | |
| Date 09-24-2005 | Instructor’s Signature (Print Name & Sign) Kirk Brinegar <i>Sign Your NAME</i> | Certificate No. 610610 | Exp. Date: 04-2007 |

This is the recommended logbook endorsement for the Pilot In Command privilege:

I certify that (First name, MI, Last name) has met the training and endorsement requirements of §§ 61.309 and 61.311. I have determined him/her proficient to act as PIC of (category and class) of light-sport aircraft in accordance with §61.321. *Kirk Brinegar, 09-24-2005 Kirk Brinegar 610610CFI 04-2007*

The following is an example of a person who holds a Sport Pilot certificate with powered parachute privileges and wants to fly a light-sport airplane single engine land at the Sport Pilot level.

Form Approved OMB No: 2120-0690

| | |
|---|---|
|  Airman Certificate and/or Rating Application - Sport Pilot U.S. Department of Transportation Federal Aviation Administration | |
| I Application Information | <input type="checkbox"/> Student <input checked="" type="checkbox"/> Sport <input type="checkbox"/> Private <input checked="" type="checkbox"/> Proficiency Check <input type="checkbox"/> Additional Rating <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Gyroplane <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Glider <input type="checkbox"/> Powered Parachute <input type="checkbox"/> Weight Shift Control <input type="checkbox"/> Flight Instructor _____ Initial _____ Renewal _____ Reinstatement <input type="checkbox"/> Reexamination <input type="checkbox"/> Reissuance of _____ certificate <input type="checkbox"/> Other _____ |

On the back side of this form the flight instructor who did the training in accordance with the appropriate SPORT PILOT PRACTICAL TEST STANDARD (PTS) must sign the Instructor's Recommendation block.

| Instructor's Recommendation | | | |
|---|---|---------------------------|--------------------------------|
| I have personally instructed the applicant and consider this person ready to take the test. | | | |
| Date 09-20-2005 | Instructor's Signature (Print Name & Sign) Amanda Hlubin <i>Sign Your NAME</i> | Certificate No: 555764 | Certificate Expires 05-2006 |

After a satisfactory Proficiency Check is completed in accordance with the appropriate PTS, the flight instructor who performs the check will fill out this block on the back of the 8710-11 and provide an endorsement in the applicant's log book. The instructor will state the word "PILOT" for a pilot proficiency check as shown below. The abbreviation for the Flight Standards District Office (FSDO) area in which the instructor resides in will be placed in the right hand corner of the Instructors Record block. The FSDO list is located at the end of this document.

| Proficiency Check - Instructors Record | | | |
|---|---|--|-----------------------|
| <input checked="" type="checkbox"/> I have personally reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J {61.321}) for the proficiency check sought. | | | |
| <input checked="" type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in <u>PILOT ASEL</u> and <u>MaxAir Drifter</u> light-sport aircraft. | | | |
| Proficiency Check: | | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | OKC-FSDO |
| Date 09-24-2005 | Instructor's Signature (Print Name & Sign) Kirk Brinegar <i>Sign Your NAME</i> | Certificate No. 610610 | Exp. Date: 04-2007 |

This is the recommended logbook endorsement for the Pilot In Command privilege:

I certify that (First name, MI, Last name) has met the training and endorsement requirements of §§ 61.309 and 61.311. I have determined him/her proficient to act as PIC of (category and class) of light-sport aircraft in accordance with §61.321. *Kirk Brinegar, 09-24-2005* Kirk Brinegar 610610CFI 04-2007

Proficiency Checks for FLIGHT INSTRUCTORS are accomplished so they may provide training for additional category or class privileges in accordance with 14 CFR 61.419.

The following is an example of a person who has a flight instructor certificate with airplane single engine and instrument airplane and wants to provide training (Instruct) in a weight-shift control aircraft.

Form Approved OMB No: 2120-0690

| | |
|--|--|
| Airman Certificate and/or Rating Application - Sport Pilot | |
| U.S. Department of Transportation Federal Aviation Administration | |
| I Application Information | <input type="checkbox"/> Student <input checked="" type="checkbox"/> Sport <input type="checkbox"/> Private <input checked="" type="checkbox"/> Proficiency Check <input type="checkbox"/> Additional Rating <input type="checkbox"/> Airplane <input type="checkbox"/> Gyroplane <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Glider <input type="checkbox"/> Powered Parachute <input checked="" type="checkbox"/> Weight Shift Control <input checked="" type="checkbox"/> Flight Instructor _____ Initial _____ Renewal _____ Reinstatement <input type="checkbox"/> Reexamination <input type="checkbox"/> Reissuance of _____ certificate <input type="checkbox"/> Other _____ |

On the back side of this form the flight instructor who did the training in accordance with the appropriate SPORT PILOT PRACTICAL TEST STANDARD (PTS) must sign the Instructor’s Recommendation block.

| Instructor's Recommendation | | | |
|---|---|---------------------------|--------------------------------|
| I have personally instructed the applicant and consider this person ready to take the test. | | | |
| Date 09-20-2005 | Instructor's Signature (Print Name & Sign) Amanda Hlubin <i>Sign Your NAME</i> | Certificate No: 555764 | Certificate Expires 05-2006 |


After a satisfactory Proficiency Check is completed in accordance with the appropriate PTS, the flight instructor who performs the check will fill out this block on the back of the 8710-11 and provide an endorsement in the applicant’s log book. The instructor will state the word “FLIGHT INSTRUCTOR” for a flight instructor proficiency check as shown below. The abbreviation for the Flight Standards District Office (FSDO) area in which the instructor resides in will be placed in the right hand corner of the Instructors Record block. The FSDO list is located at the end of this document.

| Proficiency Check - Instructors Record | | | |
|---|---|---------------------------|-----------------------|
| <input checked="" type="checkbox"/> I have personally reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J {61.321}) for the proficiency check sought. | | | |
| <input checked="" type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in _____ <u>WSCL</u> _____ and _____ <u>Air Creation GTE</u> _____ light-sport aircraft. | | | |
| FLIGHT INSTRUCTOR Proficiency Check: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | | | OKC-FSDO |
| Date 09-24-2005 | Instructor's Signature (Print Name & Sign) Kirk Brinegar <i>Sign Your NAME</i> | Certificate No. 610610 | Exp. Date: 04-2007 |

This is the recommended logbook endorsement for the flight instructor privilege:

I certify that (First name, MI, Last name) has met the training and endorsement requirements of § 61.419. I have determined that he/she is proficient in the areas of operation of §61.409 and authorized for the additional (category and class) flight instructor privilege.

Kirk Brinegar, 09-24-2005 Kirk Brinegar 610610CFI 04-2007

| | | | |
|--|--|---|---|
|  U.S. Department of Transportation Federal Aviation Administration | | Airman Certificate and/or Rating Application - Sport Pilot | |
| I Application Information | | | |
| <input type="checkbox"/> Student | <input checked="" type="checkbox"/> Sport | <input type="checkbox"/> Private | <input checked="" type="checkbox"/> Proficiency Check |
| <input checked="" type="checkbox"/> Airplane | <input type="checkbox"/> Gyroplane | <input type="checkbox"/> Balloon | <input type="checkbox"/> Airship |
| <input checked="" type="checkbox"/> Flight Instructor | _____ Initial | _____ Renewal | _____ Reinstatement |
| <input type="checkbox"/> Reexamination | <input type="checkbox"/> Reissuance of _____ certificate | <input type="checkbox"/> Additional Rating | <input type="checkbox"/> Powered Parachute |
| | | | <input type="checkbox"/> Weight Shift Control |

On the back side of this form the flight instructor who did the training in accordance with the appropriate SPORT PILOT PRACTICAL TEST STANDARD (PTS) must sign the Instructor's Recommendation block.

| Instructor's Recommendation | | | |
|---|---|---------------------------|--------------------------------|
| I have personally instructed the applicant and consider this person ready to take the test. | | | |
| Date 09-20-2005 | Instructor's Signature (Print Name & Sign) Amanda Hlubin <i>Sign Your NAME</i> | Certificate No: 555764 | Certificate Expires 05-2006 |

After a satisfactory Proficiency Check is completed in accordance with the appropriate PTS, the flight instructor who performs the check will fill out this block on the back of the 8710-11 and provide an endorsement in the applicant's log book. The instructor will state the word "FLIGHT INSTRUCTOR" for a flight instructor proficiency check as shown below. The abbreviation for the Flight Standards District Office (FSDO) area in which the instructor resides in will be placed in the right hand corner of the Instructors Record block. The FSDO list is located at the end of this document.

| Proficiency Check - Instructors Record | | | |
|---|---|---|-----------------------|
| <input checked="" type="checkbox"/> I have personally reviewed this applicants pilot logbook and/or training record and certify the individual meets the pertinent requirements of 14 CFR part 61 (Subparts K {61.419} or J {61.321}) for the proficiency check sought. | | | |
| <input checked="" type="checkbox"/> I have personally tested this applicant in accordance with the pertinent procedures and standards of 14 CFR part 61 (Subparts K or J), and find the applicant proficient in <u>ASEL</u> and <u>MaxAir Drifter</u> light-sport aircraft. | | | |
| FLIGHT INSTRUCTOR | | Proficiency Check: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | OKC-FSDO |
| Date 09-24-2005 | Instructor's Signature (Print Name & Sign) Kirk Brinegar <i>Sign Your NAME</i> | Certificate No. 610610 | Exp. Date: 04-2007 |

This is the recommended logbook endorsement for the flight instructor privilege:

I certify that (First name, MI, Last name) has met the training and endorsement requirements of § 61.419. I have determined that he/she is proficient in the areas of operation of §61.409 and authorized for the additional (category and class) flight instructor privilege.

Kirk Brinegar, 09-24-2005 Kirk Brinegar 610610CFI 04-2007

At the completion of the satisfactory or unsatisfactory Proficiency Check the Flight Instructor will mail the FAA Form 8710-11 to the Airmen Certification Branch at the following address:

Federal Aviation Administration
 Airman Certification Branch (AFS-760)
 P.O. Box 25082
 Oklahoma City, Ok 73125

In accordance with 14 CFR 61.423 – “Record Keeping Requirements” this form must be mailed within 10 days of the Proficiency Check and the flight instructor shall keep a copy of this record for 3 years.

LIST OF FLIGHT STANDARDS DISTRICT OFFICES

| | | |
|---|---|---|
| <p>ALASKAN REGION ANC ANCHORAGE,AK FAI FAIRBANKS,AK JNU JUNEAU,AK</p> | <p>CENTRAL REGION DSM DES MOINES,IA ICT WICHITA,KS LNK LINCOLN,NE MCI KANSAS CITY,MO STL ST.ANN/ST.LOUIS,MO</p> | <p>NEW ENGLAND REGION BED BEDFORD,MA BDL WINDSOR LOCKS, CT BOS BOSTON,MA PWM PORTLAND,ME</p> |
| <p>EASTERN REGION ABE ALLENTOWN,PA FRG FARMINGDALE, NY AGC W.MIFFLIN/ PITTSBURGH,PA ALB ALBANY,NY BAL BALTIMORE,MD CRW CHARLESTON,WV DCA CHANTILLY,VA WASH,DC HAR NEW CUMBERLAND/ HARRISBURG,PA PHL PHILADELPHIA,PA NYC GARDEN CITY,NY RIC SANDSTON/ RICHMOND,VA ROC ROCHESTER,NY TEB TETERBORO,NJ</p> | <p>GREAT LAKES REGION CLE CLEVELAND,OH CMH COLUMBUS,OH CVG CINCINNATI,OH DPA WEST CHICAGO,IL DTW BELLEVILLE,MI FAR FARGO,ND GRR GRAND RAPIDS,MI IND INDIANAPOLIS,IN MKE MILWAUKEE,WI MSP MINNEAPOLIS, MN RAP RAPID CITY,SD SBN SOUTH BEND,IN SPI SPRINGFIELD,IL</p> | <p>NORTHWEST MOUNTAIN REGION BOI BOISE,ID CPR CASPER,WY DEN DENVER,CO GEG SPOKANE,WA HLN HELENA,MT PDX HILLSBORO/ PORTLAND,OR SEA SEATTLE,WA SLC SALT LAKE CITY,UT DEN DENVER,CO</p> |
| <p>SOUTHERN REGION ATL COLLEGE PARK/ ATLANTA,GA BHM BIRMINGHAM,AL BNA NASHVILLE,TN CAE WEST COLUMBIA,SC FLL FT.LAUDERDALE,FL TPA TAMPA,FL INT WINSTON-SALEM,NC JAN JACKSON,MS LOU LOUISVILLE,KY MEM MEMPHIS,TN MIA MIAMI,FL ORL ORLANDO,FL CLT CHARLOTTE,NC SJU SAN JUAN,PR</p> | <p>SOUTHWEST REGION ABQ ALBUQUERQUE,NM BTR BATON ROUGE,LA DAL DALLAS,TX FTW FT.WORTH,TX HOU HOUSTON,TX LBB LUBBOCK,TX LIT LITTLE ROCK,AR OKC OKLA.CITY,OK SAT SAN ANTONIO,TX</p> | <p>WESTERN PACIFIC REGION FAT FRESNO,CA HNL HONOLULU,HI LAS LAS VEGAS,NV LAX LOS ANGELES,CA LGB LONG BEACH,CA OAK OAKLAND,CA RAL RIVERSIDE,CA RNO RENO,NV SAC SACRAMENTO,CA SAN SAN DIEGO,CA SDL SCOTTSDALE,AZ SJC SAN JOSE,CA VNY VAN NUYS,CA SFO SAN FRANCISCO, CA</p> |