

**AERO ASSOCIATION OF CALTECH, INC.
FLIGHT PROFICIENCY RECORD**

Name:

Date: Birth date:

Pilot Certificate Number:

LICENSES AND RATINGS

LICENSE/RATING	LICENSE #	DATE ISSUED	WHERE ISSUED	AIRCRAFT CATEGORY/CLASS
Student Pilot				
Private Pilot				
Commercial Pilot				
Airline Transport Pilot				
Instrument Rating				
Flight Instructor				
Instrument Flight Instructor				
Other (describe)				

**MEDICAL CERTIFICATE
CLASS DATE ISSUED**

CHECKOUTS

TYPE	DATE	CFI*	COMMENTS
For Student Pilots Only			
Pre-Solo Phase Check			A/C TYPE:
First Solo			A/C TYPE:
Pre-Solo X-Country Phase Check			A/C TYPE:
For Private Pilots (and higher)			
Last AACIT Annual Proficiency Check VFR			A/C Type:
IFR			A/C Type:
Last AFR/BFR			A/C Type:
AACIT C-152			
AACIT C-172			
AACIT C-182RG			
AACIT P28-181			
AACIT P28RT-201			
AACIT Other			
Night Level I (<20 hours TT as PIC)			
Night Level II (20-75 PIC, >5 night)			
Night Level III (>75 PIC, 10 night, 5 IFR)			
High Altitude Arpts. (≥ 5000 ft. Den. Alt.)			
Short Fields (≤ 2000 ft. runway)			
Big Bear (DAY)			
Big Bear (NIGHT)			
Catalina			
For Instructors Only			
Last AFR/BFR			A/C Type:
Last CFI Renewal			Method: <input type="checkbox"/> Check-ride <input type="checkbox"/> Refresher Course <input type="checkbox"/> Other:

EXPERIENCE

	TOTAL TIME		TOTAL TIME
1. Airplane–Single-Engine*		6. Night	
2. Airplane–Single-Engine**		7. Instrument–Actual	
3. Airplane–Multi-Engine		8. Instrument–Hood	
4. Glider		9. Synthetic Trainer	
5. Other (describe)		10. As Instructor (last 12 mos.)†	
		11. As Instructor (total)†	

*Fixed prop and gear and < 200 hp

**Complex (flaps, controllable prop, retractable gear), and/or high performance (ε 200 hp)

†For instructors only

TOTAL TIME

Total (1-5) Pilot in Command Last 12 mos. Last 90 days Dual

HISTORY

Please answer the following questions:

1. Have you ever had an aircraft claim, incident, or accident? YES NO
2. Have you ever been cited or fined for violation of an aviation regulation? YES NO
3. Have you ever had your pilot certificate suspended or revoked? YES NO
4. Have you ever been convicted of a felony or are you under indictment for a felony? YES NO
5. Have you ever been convicted of driving under the influence of alcohol or drugs, or for reckless driving?
 YES NO
6. Have you ever had your driver’s license suspended or revoked within the last 10 years? YES NO
7. Do you have any waivers or limitations on your medical certificate? YES NO

If you answered YES to any of the above questions, please give details and dates in the remaining space below

I certify that the above information is true and correct. I certify that I 1) have received and read a copy of the AACIT Rules and Procedures document, and 2) will abide by the contents of that document.

Signature / date
(COMPLETE ALL ITEMS)
Rev. May 08