

USAF AERO CLUB STANDARDIZATION RECORD

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., 8013. PRINCIPAL PURPOSE: To maintain record of pilot qualifications required by AFMAN 34-232. ROUTINE USE: Will be disclosed to appropriate federal or state agencies conducting accident investigations involving USAF Aero Club aircraft. DISCLOSURE: Disclosure of Airman's Certificate number is voluntary but lack of disclosure will result in denial of club privileges.

PILOT'S NAME <i>(Last, First, MI)</i>	AIRMAN'S CERTIFICATE NUMBER
FLIGHT DETAILS	TYPE CHECK
AIRCRAFT MAKE AND MODEL	STANDARDIZATION (<input type="checkbox"/> <i>Initial</i> <input type="checkbox"/> <i>Annual</i>)
TOTAL TIME FLOWN DURING CHECKOUT	AIRCRAFT MAKE & MODEL
INSTRUCTOR'S NAME <i>(Last, First)</i>	INSTRUMENT (<input type="checkbox"/> <i>Initial</i> <input type="checkbox"/> <i>Annual</i>)
	NIGHT
	INSTRUCTOR (<input type="checkbox"/> <i>Initial</i> <input type="checkbox"/> <i>Annual</i>)
	RECURRENCY
WRITTEN TESTS PASSED (<input type="checkbox"/> <i>Open Book</i> <input type="checkbox"/> <i>Closed Book</i>)	OTHER: <i>(Specify)</i>

REMARKS: *(Use reverse if necessary)*

PILOT IS QUALIFIED

PILOT IS NOT QUALIFIED
(List details and restrictions below)

MEMBER COMPLETED A FLIGHT REVIEW IAW FAR 61.56

MEMBER COMPLETED AN INSTRUMENT PROFICIENCY CHECK IAW FAR 61.57

I certify that I have read and understand all applicable FAA and USAF regulations/directives pertinent to flying in USAF Aero Club aircraft. I believe I have been properly trained and that I am fully qualified to act as Pilot In Command in the capacity indicated.

PILOT'S SIGNATURE	DATE
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I certify that I have administered an Aero Club checkout IAW the USAF Aero Club Instructor Guide and believe named pilot is fully qualified to act as Pilot In Command in the capacity indicated.

INSTRUCTOR'S SIGNATURE	DATE
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