

## NEW PILOT EXPERIENCE SURVEY & QUALIFICATION WORKSHEET

### SECTION I – PERSONAL INFORMATION

CAPID	NAME (Last, First MI)	PHONE	E-MAIL
UNIT CHARTER	UNIT NAME	DATE JOINED CAP	TARGET DATE

### SECTION II – AIRMAN QUALIFICATIONS

CERTIFICATES/RATINGS/ENDORSEMENTS	FLIGHT EXPERIENCE TYPE	FLIGHT TIME	RECENCY & KIND OF EXPERIENCE	
<input type="checkbox"/> Private Pilot <input type="checkbox"/> Commercial Pilot <input type="checkbox"/> Airline Transport Pilot <input type="checkbox"/> Instrument Rating <input type="checkbox"/> High Performance Endorsement <input type="checkbox"/> Complex Endorsement <input type="checkbox"/> Multi Engine Airplane Rating <input type="checkbox"/> Flight Instructor – Airplane <input type="checkbox"/> Flight Instructor – Instrument <input type="checkbox"/> Medical (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , BM)	<input type="checkbox"/> Personal/Recreational <input type="checkbox"/> Corporate (91/135) <input type="checkbox"/> Airline (121) <input type="checkbox"/> Military <input type="checkbox"/> Other (explain Sec. IV)	TOTAL TIME	<b>Check all that apply. Use Section IV to explain:</b> <input type="checkbox"/> Flown less than 15 hrs in past 12 months <input type="checkbox"/> Flown more than 25 hrs in past 12 months <input type="checkbox"/> Have 10 hours or more in G1000 <input type="checkbox"/> Have instructed 10 hours or more in G1000 <input type="checkbox"/> Have 10 hours or more in TAA (not G1000) <input type="checkbox"/> Have instructed 10 hours or more in TAA <input type="checkbox"/> Day Current <input type="checkbox"/> Night Current <input type="checkbox"/> Instrument Current	
		PIC		
		CROSS CTRY		
	<b>FLIGHT REVIEW</b>			
	DATE COMPLETED			
	METHOD OF COMPLETION			
	<input type="checkbox"/> Flight Review <input type="checkbox"/> New Certificate <input type="checkbox"/> FAA Wings <input type="checkbox"/> Other			

### SECTION III – CAP PREREQUISITES

High Performance Airplanes	Complex Airplanes	Gippsland GA-8	G1000 Equipped Airplanes
<input type="checkbox"/> 100 hours <u>total</u> time	<input type="checkbox"/> 100 hours <u>total</u> PIC time  <input type="checkbox"/> 10 hours PIC and 25 take-offs and landings are in complex airplanes	<input type="checkbox"/> Meet CAP High Performance  <i>Note: SAR/DR ARCHER additional requirements apply but are not necessary for Initial CAPF 5</i>	<input type="checkbox"/> Documentation Available (describe in Section IV)  <input type="checkbox"/> Experience summarization with G1000 aircraft included in remarks (Section IV)

### SECTION IV – REMARKS

INSTRUCTIONS: Provide any additional necessary to help establish a training footprint. For answers in Section II and III that indicate a remarks entry is necessary ensure a detailed response is provided.

Example

### SECTION V – MENTOR INFORMATION

MENTOR NAME (LAST, FIRST)	PRIMARY PHONE	ALTERNATE PHONE	E-MAIL
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Example Form