



# CAP PILOT FLIGHT EVALUATION - BALLOON

## Certification by Evaluated Pilot

I certify that that I have read and understand all applicable FAA, CAP and state regulations pertaining to flying subject aircraft. I acknowledge any restrictions or training requirements stated on this document. I also understand that that maintaining currency, recurring requirements, and compliance with applicable directives is my personal responsibility.

Date \_\_\_\_\_ Pilot's Signature \_\_\_\_\_

## Review of Certificates and Documents (as verified by Check Pilot)

FAA Pilot Cert No. \_\_\_\_\_ Medical Class and Issue Date. \_\_\_\_\_

Flight Review Date \_\_\_\_\_ CFI Cert Expiration Date \_\_\_\_\_

## Certification of Evaluator

I certify that I received and graded an aircraft questionnaire for the make and model flown, as well as visually verifying the certificates and documents recorded above. I evaluated the above named CAP member in accordance with applicable regulations for the indicated tasks and performance was as annotated on this form. The member has demonstrated the proficiency required to fly the make/model used for the evaluation and to hold the indicated endorsements. In addition, renewal of the member's existing qualifications in the additional aircraft makes/models listed below is warranted.

### Aircraft Qualifications to Renew:

CAP ID# \_\_\_\_\_ CAP CP/Evaluator's Signature \_\_\_\_\_

## Certification of External Evaluation by CAP Check Pilot

Subsequent to a non-CAP flight evaluation, I certify that I verbally addressed all required CAP-unique tasks with the member above and determined that they were knowledgeable of CAP-unique requirements.

CAP ID# \_\_\_\_\_ CAP CP's Signature \_\_\_\_\_

## Comments

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