

CAP PILOT FLIGHT EVALUATION - GLIDER

Section 9. CAP Instructor Pilot and Check Pilot Endorsements									
XXII. Instructor Pilot Endorsement A. Application of FAA ACS B. Application of CAPP 72-6 Evaluation Criteria C. Brief instructional scenario D. <i>Demonstrate an instructional scenario for the briefed maneuver</i>	Q <input type="checkbox"/> QT <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> NP <input type="checkbox"/>	XXIII. Check Pilot Endorsement A. Risk Management for Evaluations B. Evaluation Plan of Action C. <i>Evaluate the check pilot flying one inflight maneuver and one landing</i>	Q <input type="checkbox"/> QT <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> NP <input type="checkbox"/>						
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									