

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	

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 st , 2 nd , 3 rd , 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 PIC CROSS CTRY	Check all that apply. Use Section IV to explain: <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
	FLIGHT REVIEW		
	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	G1000 Equipped Airplanes
<input type="checkbox"/> FAA High Performance Endorsement	<input type="checkbox"/> FAA Complex Endorsement <input type="checkbox"/> 100 Hours total PIC time <input type="checkbox"/> 10 hours PIC and 25 takeoffs and landings in complex airplanes	<input type="checkbox"/> Experience necessary to request waiver for G1000 VFR training <input type="checkbox"/> Experience necessary to request waiver for G1000 IFR training <input type="checkbox"/> Experience necessary to request waiver for G1000 IP training

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.

SECTION V – MENTOR INFORMATION

MENTOR NAME (LAST, FIRST)	CAPID	PHONE	E-MAIL
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