

**2020 SUN 'n FUN AEROSPACE EXPO
PILOT/AIRCRAFT TECHNICAL EVALUATION FORM**

Showcase

PILOT DATA

NAME (Print) _____ TEAM/ACT _____

● PILOT CERTIFICATE: GRADE _____ NUMBER _____

● AUTHORIZED AIRCRAFT RATING YES NOT REQUIRED

● GOVERNMENT PHOTO I.D. YES NO

● DATE OF FLT REVIEW OR CHECK RIDE _____

● MEDICAL CERT: CLASS _____ DATE _____

If flying formation one of the below must be current. Limit four aircraft in formation.

● F.A.S.T. CARD : MEMBER NUMBER _____ EXP. DATE _____ YES NO

● FFI (Formation Flying, Inc) FFI # _____ EXP. DATE _____ YES NO

AIRCRAFT DATA

Reg. # _____ Serial # _____ MAKE _____ MODEL _____

● DATE OF: LAST ANNUAL OR CONDITION INSPECTION: ____/____/____ 100 HR. INSP (if req): ____/____/____

● ADS-B COMPLIANT YES NO N/A TRANSPONDER INSP. ____/____/____

● PITOT/STATIC/ALTIMETER INSP: ____/____/____

● ELT INSP: ____/____/____

● CURRENT REGISTRATION CERTIFICATE IN AIRCRAFT? YES NO Exp. Date _____

● PROPER AIRWORTHINESS CERTIFICATE IN AIRCRAFT? YES NO TYPE _____

EXPERIMENTAL EXHIBITION REQUIRING PROGRAM LETTER? YES NO

● OPERATING LIMITATIONS IN AIRCRAFT? YES NO

● WEIGHT AND BALANCE DATA IN AIRCRAFT? YES NO

● AIRWORTHINESS DIRECTIVE STATUS CURRENT? YES NO

● PARACHUTE REPACK DATE (IF REQUIRED): Month # _____ Day # _____ Year # _____

● EJECTION SEAT? YES NO

Pilots are expected to operate their aircraft in compliance with all applicable CFR's and NOTAM procedures.

I certify that the pilot information contained herein is true and correct and that the aircraft information contained herein accurately represents the applicable information documented in the aircraft maintenance records which have been reviewed to verify the inspection and airworthiness directive status of this aircraft.

PILOT SIGNATURE _____ **Date** _____

I certify that a review of the pilots documents, listed above, have been verified and that the general condition of the aircraft listed above and required aircraft documents have been examined, and have determined the aircraft has met the requirements outlined in FAA Order 8900.1, Volume 3, Chapter 6, Section 1, para 3-145F (as amended)."

TECH REP SIGNATURE _____ PRINT _____

COMMENTS _____ DATE: _____ TIME: _____