

Flight Test Report:

Flight Instructor Rating Competency Demonstration – Aeroplane

1. Personal Details

CAA Client Number					Last Name	
Given Name(s)						
Type of Licence Held		Medical Certificate Valid To		Instrument Rating Held	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Instructor Rating Category Held				Instructional Techniques Course	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purpose of Test						

2. Experience Assessment

Total Time		Pilot in Command		Total Night		Night Pilot in Command	
Total Instrument Time		Instrument Flight Time		Multi-Engine Total		Multi-Engine Pilot in Command	
Flight Instructing Experience		Night Flight Instruction		P in C, IFR Cross Country Flt Plan			

3. Particulars of Test

Place of Test			
Aeroplane Type		Registration	ZK-
Duration - Air		Duration - Ground	

4. Assessment of Test

	Category Standard
Briefing (State Air Exercise)	
Theory and Practice of Flight Instruction	
Flying Ability	

5. Result

Examiner Comments	Next competency demonstration due:	
Meets the requirements of Flight Examiner Biennial <input type="checkbox"/> (if applicable)		
141/137 Organisation		CAA Client No
Flight Examiner		CAA Client No
Signature		Date of Test

Submit a copy of this report to CAA at PO Box 3555 Wellington, 6140