SCHEDULE OF PILOT FLIGHT CHECKS

To: Director, Aviation Safety Regulation Directorate

Dear Sir/Madam,

In accordance with the requirements of the *ACA Manual Section 4.7*, the following is the list of Pilot Flight Checks scheduled for the month of _____, 20____.

Please Type or Print

			Type of Check		
Candidate's Name	**Licence Number**	**Aircraft Type [1]**	**APC [2]**	**IPC**	**Route & Area**

_____ _____
Signature of Chief Pilot (Date - YY/MM/DD)

[1]If simulator, please indicate type and location.
[2]Indicate whether initial or renewal.

	INSTRUMENT RATING	☐ **INITIAL**	☐ **RENEWAL**
	APC	☐ **INITIAL**	☐ **RENEWAL**
PILOT CHECK REPORT	**CREW STATUS**	☐ **CAPTAIN**	☐ **F/0**

Effective Date: 31st March 2024