

WEST VIRGINIA WING PILOT CURRENCY STATEMENT

THIS DOCUMENT MUST BE SUBMITTED TO THE WING STANDARDIZATION/EVALUATION OFFICER AT THE CONCLUSION OF EACH CHECK RIDE

NAME _____ RANK _____ CAP ID# _____ UNIT WV _____

Member completes this section in its entirety with each check ride.

MEDICAL CERTIFICATE: DATE ISSUED _____ CLASS _____ LIMITATIONS _____
FLIGHT REVIEW DATE _____ MEMBERSHIP EXPIRATION DATE _____
INSTRUMENT COMPETENCY CHECK DATE _____ TOTAL TIME (PIC) _____
PILOT CERTIFICATE OR RATINGS _____
INSTRUCTOR CERTIFICATE/RATINGS/ _____
PILOT PROFICIENCY COMPLETION DATE _____ PHASE _____
HOME ADDRESS _____ HOME PHONE _____
CITY _____ STATE _____ ZIP CODE _____
WORK PHONE _____ EMAIL _____

The undersigned affirms that the information provided above is true and correct.

Pilot's Signature

Date

Check pilot completes this section with each check ride.

Circle as appropriate----- CAPF 5	Abbreviated CAPF 5	CAPF-91
COMPLETION DATE: _____ A/C type _____		
Initial any additional endorsements:		
_____ INSTRUMENT	_____ CADET ORIENTATION	_____ MOUNTAIN FLIGHT
_____ INSTRUCTOR	_____ CHECK PILOT	_____ OTHER CAP ENDORSEMENTS (List Below)
For CAPF 5 check rides, list additional aircraft that the above member is qualified in (CAPF-5 and aircraft questionnaire on file): _____		

CHECK PILOT _____
Printed Name

Signature

Unit Commander, or designee, must sign and forward to the Wing Standardization/Evaluation Officer:
I CERTIFY THAT ALL PILOT DATA REQUIRED BY CAPR 60-1 (3-9) HAS BEEN REVIEWED AND VALIDATED IN OPS/QUALS. THE DATA REVIEWED AND ENTERED INCLUDES ALL RELEVANT FAA PILOT QUALIFICATIONS, CAPFs 5, AIRCRAFT QUESTIONNAIRES, COMMANDER WRITTEN DESIGNATIONS, AND OTHER ITEMS NEEDED TO ESTABLISH CAP AIRCRAFT OPERATING PRIVILEGES.

Unit CC _____
Printed Name

Signature

Date