

APPENDIX G. SAMPLE PILOT'S INSTRUMENT EXPERIENCE SUMMARY

Pilot's Name: _____	Flight Instructor: _____
Address: _____	
Phone(s): _____	Email: _____
Type of Pilot Certificate(s):	Rating(s):
_____ Private	_____ Instrument
_____ Commercial	_____ Multiengine
_____ Airline Transport Pilot (ATP)	_____ Rotorcraft
_____ Flight Instructor	_____ Glider
	_____ Lighter than Air (LTA)
Experience (pilot):	
_____ Total time	
_____ Last 6 months	
_____ Average hours/month	
_____ Time logged since last instrument proficiency check (IPC)	
Experience (aircraft):	
Aircraft type(s) you fly _____	
Aircraft used most often _____	
For this aircraft: Total time _____ Last 6 months _____ Average hours/month _____	
Experience (flight environment): Approximately how many hours logged in:	
_____ Day visual flight rules (VFR)	
_____ Day instrument flight rules (IFR)	
_____ Instrument meteorological conditions (IMC)	
_____ Night VFR	
_____ Night IFR	
_____ Approaches	
_____ Approaches to minimums	
_____ Approaches in last 6 months	
Type of Flying (external factors): What percentage of your flying is for:	
_____ Pleasure	
_____ Business	
_____ Local	
_____ Cross-country	
Personal Skills Assessment:	
Strengths as a pilot? _____	
Areas for improvement? _____	
Aviation goals? _____	