

CPL ME Add-On Checkride Examination Request Form

Student Name:					
Student Phone:				Student Email:	
TSA Expiration Date:				SEVIS Expiration Date:	
Medical Date:				Class:	
FAAKT Expiration:				Exam ID (last 4):	
FTN:				IACRA Application #:	
Endorsements:		Type:			
		Date:			
Flight Training Required:	Requirement		Date & Hours		
	Total ME Dual (Min 10 h)				
	Checkride Prep (Min 3 hours in Preceding 2 Calendar Months)				
	Initial CPL SE Checkride Date:				
	Checkride/Flight Review Date (last 24 Calendar Months)				
Student Signature:				Date:	
Instructor					
Instructor				Expiration:	
Instructor Signature:				Date:	
Admin Approval Signature:					
Search Code: DPE-CIRE-AMEL			Date Filed:		

DPE's Contacted

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