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ATTACHMENT 1 CAPP 70-12 1 Oct2020

NEW PILOT EXPERIENCE SURVEY & QUALIFICATION WORKSHEET												
SECTION I – PERSONAL INFORMATION												
CAPID	NAME (Last, First I	∕ II)		PH	ONE		E-MA	AIL				
UNIT CHARTER		UNIT NAME					D	DATE JOINED CAP	TARGET DATE			
	SECTION II – AIRMAN QUALIFICATIONS											
CERTIFICATES/RA	TINGS/ENDORSE	MENTS	FLIGHT EXPERIENCE TY		FLIGHT TIME		RECEN	CY & KIND OF EXP	ERIENCE			
Private Pilot	· ·		Personal/Recreation	onal	TOTAL TIME	Check all that apply. Use Section IV to			ion IV to			
Commercial P	Pilot		Corporate (91/135	5)		explain:						
Airline Transp	ort Pilot		Airline (121)		PIC	Flown	st 12 months					
Instrument Ra	ating		Military	CROSS CTRY	Elown more than 25 hrs in past 12 mon							
☐ High Perform	-	nent	Other (explain Sec	CRUSS CIRT	Have 10 hours or more in G1000							
Complex Ende	orsement		FLIGHT REVIEW			Have	instruc	cted 10 hours o	r more in G1000			
Multi Engine	Airplane Ratin	g	DATE COMPLETED	🗌 Have	10 hou	urs or more in T	AA (not G1000)					
Flight Instruct	or – Airplane	_		Have instructed 10 hours or more in TAA								
Flight Instruct	or – Instrume	nt	METHOD OF COMPLETION			Day Current						
Medical (1 st , 2	2 nd , 3 rd , BM)				Certificate	🗌 Night	Currei	nt				
			□ FAA Wings □ Other			🗌 Instru	ment	Current				
			SECTION III – C	AP PF	REREQUISITES							
High Performa	-		Complex Airplanes			land GA-8			pped Airplanes			
🗌 No prerequisi	tes	□ 100	hours <u>total PIC</u> time		Meet CAP F	High Perfo	ormano		tation Available			
							(describe in S	Section IV)				
			ours PIC and 25 take-	Note: SAR/DR ARCHER additional				_				
			d landings are in		requirements apply but are not necessary for Initial CAPF 5			L Experience				
		comple	x airplanes	n	ecessary for in				summarization with G1000			
							aircraft included in remarks (Section IV)					
			SECTION I									
	•		ecessary to help estat		-	otprint. Fo	or ansv	vers in Section	l and III that			
indicate a remar	ks entry is nec	essary er	nsure a detailed respo	nse i	s provided.							
			SECTION V – MEI	NTOR	INFORMATIO	DN						
MENTOR NAME (LAST,	, FIRST)		PRIMARY PHONE		ALTERNATE PHON		E-MAIL					

ATTACHMENT 2 CAPP 70-12 1 Oct2020