



Pacific Flying Club

Instrument Flight Test LETTER OF RECOMMEND & ENDORSEMENT

Hours are from the first day you started flying NOT post private pilot licence.

Date: _____ Time: _____ Aircraft or SIM booked

INRAT Date: _____ INRAT Results: _____% Multi Engine Rating

Pilots Licence/Medical

Completed Rating Application Form

Name of Candidate	Licence Number
Name of Flight Training Unit	Flight Training Unit ID
<u>Flight Experience</u> Total Instrument time: _____ (min 40 hrs) <i>This is your total instrument in aircraft AND SIM</i> Dual Instrument time: _____ (min 20 hrs) <i>Instrument time WITH an instructor in the aircraft</i> Instrument Ground time: _____ (max 20 hrs) <i>Total SIM time</i> Hours in Aircraft: _____ <i>Total time in AEROPLANES</i>	<u>Cross-Country Experience</u> PIC Cross-Country Flight Time: _____ (min 50 hrs) Dual Cross-Country IFR Flight: _____ miles <i>At least 2 approaches</i> (min 100 NM) _____ hrs. Route Info: _____ Cross-Country Time in Aircraft: _____ <i>Total time in AEROPLANES</i>

I, the undersigned, certify that the above named candidate meets the minimum experience requirements of section 421.14 of the *Personnel Licensing*.

I consider the candidate to have reached a sufficient level of competency to complete the flight test required for the issuance of an Instrument Rating and hereby recommend the candidate for the flight test.

I further certify that I am qualified through the privileges of my pilot licence to make this recommendation.

Name of Qualified Person Recommending the Test		Licence Number
Signature	Date	Flight Training Unit