

INDIANA WING PILOT INFORMATION SHEET

In accordance with CAPR 60-1 it is the units' responsibility to maintain all Pilot records. The pilot will complete this form after each checkride or any other time that the information has changed. The pilot will forward all forms to the Squadron Operations Officer. In order to maintain a Wing Pilot Roster, the Squadron Operations Officer will fax the following signed documents to INDOV, after each checkride: **INWGF5, CAPF5 and/or CAPF91, CAPF108, Fuel Receipt.**

Last Name, First Name, Middle Initial		CAPID	Grade	Charter Number
Street, City, State, Zip			Date Of Birth	Membership Expires
Telephones (home/work) Home: Work:	FAX and Cell Phone Fax: Cell:	Pager and Email Address Pager: Email:		

CAP Aeronautical Rating / Mission Qualifications

<input type="checkbox"/> Pilot	<input type="checkbox"/> Scanner Trainee	<input type="checkbox"/> Cadet Orientation Pilot
<input type="checkbox"/> Transport Pilot	<input type="checkbox"/> Scanner	<input type="checkbox"/> AFROTC Orientation Pilot
<input type="checkbox"/> Mission Pilot Trainee	<input type="checkbox"/> Observer Trainee	<input type="checkbox"/> CAP Instrument Pilot
<input type="checkbox"/> SAR/DR Mission Pilot	<input type="checkbox"/> Observer	<input type="checkbox"/> CD/CN Aircrew Qualified

Pilot and Observer Time Logged

Total Time: _____ PIC Time: _____ Cross Country Time: _____ Observer Time: _____

FAA Ratings and Certificates

	Private	Commercial	ATP	Instructor
Single Engine Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CFI
Multi Engine Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MEI
Glider	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> CFII
Other: _____				<input type="checkbox"/> CFII

FAA Ratings / Endorsements

<input type="checkbox"/> Instrument Airplane
<input type="checkbox"/> Floatplane/Seaplane
<input type="checkbox"/> High Performance
<input type="checkbox"/> Complex
<input type="checkbox"/> Tail-wheel

Medical Class and Date	BFR or License Date	CAPF91 Date	CAPF101 Expires	Cadet Prot. Date	Call Sign

Dates of Annual Standardization in Each Group Qualified

I (C172,etc.)	II (C182,etc.)	III (tailwheel)	IV (HP tailwheel)	V (sea/float)	VI (multi)	VII (glider)
Dates: _____						
Types: _____						

CAP Instructor and Check Pilot Qualifications

Instructor CFI Exp: _____ Check Pilot (5) NCPSC Date: _____ Mission Check Pilot (91)

I certify that copies of the following documentation (as required for my pilot status) are on file at my unit: (CAPR 60-1 section 2-9)

- a. FAA Pilot Certificate
- b. FAA Certified Flight Instructor Certificate
- c. FAA Medical Certificate
- d. Proof of Current Biennial Flight Review IAW FAR 61.56
- e. All CAPF 5's establishing aircraft qualification or currency
- f. Each completed aircraft questionnaire
- g. Annual CAPF 5 written examination completion
- h. Most current CAPF 91, Mission Pilot Checkout
- i. Signed Statement of Understanding
- j. Current Designation as a Cadet and/or AFROTC Orientation Pilot, Instructor Pilot, Check Pilot, or Mission Check Pilot
- k. Copy of National Check Pilot Standardization Course Completion Certificate (Check Pilots only)

NOTE: All Check Pilots and Wing Staff Pilots will fax copies of all the required documentation noted above to INDOV.

Signature of Member	Date	Signature of Unit Commander or Operations Officer	Date
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