

Biennial Flight Review

Name: _____

Date: _____

Grade of Certificate: _____ # : _____

Rating and Limitations: _____

Class of Medical: _____

Date of Medical: _____

Total Flight Time: _____

Time in Type: _____

Aircraft to be used: _____

Registration: _____

Location of Review: _____

I. Review of FAR's, AIM information and operating procedures:

- Pilot certificates and other Part 61 requirements
- Aircraft documents and records
- Aircraft systems and operating procedures
- Emergency procedures
- Aircraft performance and limitations
- Aircraft loading weight and balance
- Flight planning and obtaining weather information
- Avoidance of hazardous weather
- Air traffic control and airspace
- ATC light signals

Ground instruction hours: _____

II. Review of Maneuvers and Procedures:

- Preflight inspection and use of checklist
- Radio communication and navigation
- Ground operations, traffic pattern operations, collision avoidance
- Takeoffs and landings: short field
 soft field
 crosswind
- Go-arounds
- Maneuvering during slow flight
- Stall recovery
- Constant altitude turns
- Simulated forced landings, other emergency procedures, unusual flight attitudes
- Cross country navigation by radio navigation, dead reckoning and pilotage
- Flight by reference to instruments

Flight instruction hours: _____

I have received a flight review, which consisted of the ground instruction, flight maneuvers and procedures noted above.

Signature of the pilot: _____ Date: _____