

Pilot:	<input type="checkbox"/> PIC / P1 <input type="checkbox"/> SIC / P2	License No. :	Hours on Type : hours	Total Pilot Hours : hours
Date: <i>mm/dd/yyyy</i>	Type A/C:	Registration :	Flight Time : hours	Route:
Check Airman:	Type of Check :	<input type="checkbox"/> VFR <input type="checkbox"/> IFR	<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT	<input type="checkbox"/> AIRCRAFT <input type="checkbox"/> SIMULATOR

NO	ITEMS	GRADE			REMARKS
		U	S/B	S	
<b>A.</b>	<b>KNOWLEDGE I ORAL CHECK:</b>				
1	Technical				
2	Emergency / Abnormal Procedure				
3	Performance & Flight Plannino				
<b>B.</b>	<b>PREPARATION</b>				
1	Cockpit Preparation and Set Up				
2	Engine Start (Including Failures)				
3	Taxi and Line-up				
4	Crew Briefing				
<b>C.</b>	<b>DEPARTURE</b>				
1	Take off <input type="checkbox"/> Normal <input type="checkbox"/> Cross Wind				
2	Rejected Take Off				
3	One Engine Inoperative After V1				
4	V2 Climb and Clean Up				
5	Departure Procedure				
<b>D.</b>	<b>AIRWORKS</b>				
1	Slow Speed Flying				
2	Approach to Stall				
3	Steep Turns				
4	Engine Failure / Air Restart				
5	Emergency Descent				
<b>E.</b>	<b>INSTRUMENT FLYING</b>				
1	Holding				
2	ILS. VOR, NOB <input type="checkbox"/> Normal <input type="checkbox"/> One Engine Inoperative				
3	Missed Approach <input type="checkbox"/> Normal <input type="checkbox"/> One Engine Inoperative				
4	Circling Approach				
<b>F.</b>	<b>LANDING</b>				
1	Normal				
2	Short Field				
3	Flapless				
4	One Engine Inoperative				
<b>G.</b>	<b>GENERAL</b>				
1	Windshear <input type="checkbox"/> Take-Off <input type="checkbox"/> Approach				
2	Use of Checklist / AOM / DDG (MEL)				
3	ATC Liaison and Compliance				
4	Crew Coordination				
5	Crew Resource Management				

CERTIFICATE:

 COMPLETED

 NOT COMPLETED

RECOMMENDATION :

CERTIFICATE:

certify that the above named Pilot has satisfactory completed the checks prescribed in the COM Part D Travira Air and He is competent to act in the capacity as

 Pilot In Command (P1)

 Second In Command (P2)

<b>CHECK AIRMAN</b> Name: OTR : Date :	<b>Pilot Signature</b>  	<b>Check Airman Signature</b>  
---	--------------------------------	---------------------------------------

White : Training Department

Green : DGCA

Blue : Chief Pilot

Yellow :Personal