



PILOT / AIRCRAFT SELF-EVALUATION FORM

(Please print)

Flight Advisor's Name _____ Date _____

Flight Advisor's EAA # _____

Pilot's Name _____ EAA Chapter # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

AIRCRAFT INFORMATION

Aircraft N# _____

Type _____ Engine _____ HP _____

Modifications _____ Propeller _____

Brake type _____ Tire size _____ Tail/nose wheel size _____

Design Empty Weight _____ Actual Empty Weight _____

Design Center of Gravity Range _____ Actual Center of Gravity _____

Wing/disk Area _____ Aspect Ratio (span/[area/span]) _____ Flap Travel (degrees) _____

Power Loading (gross weight/hp) _____ Wing/disk Loading(lbs/sq. ft) _____ Stall (mph) _____

Designed Climb Speed _____ Cruise Speed _____ Glide Speed _____

REVIEW OF KNOWN FLIGHT CHARACTERISTICS OF AIRCRAFT TYPE, AS DESIGNED:

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Roll Response | <input type="checkbox"/> Pitch Response |
| <input type="checkbox"/> Directional stability on pavement | <input type="checkbox"/> Directional stability on grass |
| <input type="checkbox"/> Directional control on pavement | <input type="checkbox"/> Directional control on grass |
| <input type="checkbox"/> Landing Surface | <input type="checkbox"/> Runway Length |
| <input type="checkbox"/> Power-off Descent, landing configuration | <input type="checkbox"/> Center of gravity location |

Pilot's Comments on Characteristics _____

PILOT INFORMATION

Total Single Engine Time _____ Over How Many Years _____

Convention Gear (Tailwheel) Time _____

Rotorcraft Time _____

Pilot Certificate _____

Medical (month/date) ____/____

Pilot Rating _____

Biennial Flight Review (month/date) ____/____

PILOT / AIRCRAFT SELF-EVALUATION FORM PAGE 2

FLIGHT EXPERIENCE

lbs/hp lbs/sq ft Stall Hp Approch spd

Subject Aircraft Data for Comparison: _____
 (from previous page)

Hours (See Flight Advisor Handbook Appendices for data on typical aircraft; enter data below for comparison)

Flight Time Last Year _____

Type aircraft flown most similar to subject aircraft
Hours

Type _____

Type _____

Type _____

Flight Time Last 90 Days _____

Type _____

Type _____

Type _____

General Flight Experience History: _____

Usual Airport Characteristics (length & surface): _____

PILOT-TO-AIRCRAFT COMPARISON

	Usual A/C Flown	Subject Aircraft
Weight	_____	_____
Horse Power	_____	_____
Wing/disk Loading	_____	_____
Power Loading	_____	_____
Stall Speed	_____	_____
Approach Speed	_____	_____
Roll Response	_____	_____
Pitch Response	_____	_____
Directional Control	_____	_____

I certify that I have completed the Pilot/Aircraft Self-Evaluation Form and that I may need additional ground and/or flight instruction from an FAA Certified Flight Instructor. Further, I agree to hold harmless, defend, and indemnify the EAA Flight Advisor, the Experimental Aircraft Association, Incorporated and its officers, directors, employees and volunteers from all claims arising out of my operation of any aircraft.

 Pilot Signature

 Date