

FAA Checkride Payment Request

DPE's Name: _____
Business Name: _____
Email: _____
Phone #: _____
Address: _____

Invoice #: _____
(will be assigned)
Date: _____

We need to have a W-9 Request for Taxpayer Identification Number and Certification on file

****Your payments can be Direct Deposited into your bank account****

(both forms are on our website and in the Dispatch Forms Stand -- please include with this form, one time only)

Student's Name: _____ Email: _____
A#: _____ Phone: _____

Type of Checkride: _____

Pass Fail Incomplete

Comments: _____

Cost: \$ _____ Checkride
 \$ _____ Recheck Fee TOTAL: \$ _____
 \$ _____ Travel Fee *PAYABLE UPON RECEIPT*

FAA Examiner's Signature

Student's Signature

TURN THIS FORM INTO JORAN IVIE FOR PAYMENT

For Office Use: _____ Student's Talon Account Charged	Payment Processed: _____
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