

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: _____
A#: _____

Email: _____
Phone: _____

Type of Checkride: _____

Pass Fail Incomplete

Comments: _____

Cost: \$500 SE/ME
 \$1,000 CFI
 \$ _____ Recheck Fee
 \$ _____ Travel Fee

TOTAL: \$ _____
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: _____