

RECOMMENDATION FOR PARTIAL RE-TEST INSTRUMENT RATING GROUPS 1, 2 AND 3

Name of Candidate (Print)	Licence Number
Flight Training Unit Flight Training Unit ID	Additional Flight Experience in Review Dual

I have conducted a review of the test item _____ and have completed additional training with this candidate.

I consider the candidate to have reached a sufficient level of competency to successfully complete the flight test for the issuance of an Instrument Rating.

I further certify that I am qualified in accordance with Subsection 425.21(9) and the privileges of my pilot licence to make this recommendation.

Name of the Qualified Person Recommending the Test (Print)	Licence Number
Signature	Date
Flight Training Unit	