

## RECOMMENDATION FOR INITIAL FLIGHT TEST INSTRUMENT RATING GROUPS 1, 2 AND 3 - AEROPLANE

Name of Candidate (Print)	Licence Number
Name of Flight Training Unit	Flight Training Unit ID
<b>Flight Experience</b> Total Instrument Time;  Dual Instrument Flight Time provided by a qualified person (425.21(9))  Dual Instrument Flight Time with the holder of a Flight instructor Rating:  Instrument Flight Time in Aeroplanes:  Instrument Ground Time;	<b>Cross-Country Experience</b> Total Cross Country Flight Time – Hours (PIC):  Dual Cross-Country IFR Flight - Miles:  Cross Country Time in Aeroplane Category:

I, the undersigned, certify that the above named candidate meets the minimum experience requirements of CAR Standard 421.46 of the *Personnel Licensing and Training Standards*.

I consider the candidate to have reached a sufficient level of competency to complete the flight test required 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	