

WEST VIRGINIA WING PILOT CURRENCY STATEMENT

TO REMAIN CURRENT YOU MUST SUBMIT THIS INFORMATION TO THE WING STANDARDIZATION/EVALUATION OFFICER AT LEAST ONCE EVERY 90 DAYS

NAME _____ RANK _____ UNIT WV _____

I AM DAY CURRENT UNTIL (DATE)..... _____ AS PER FAR 61.57(a)

I AM NIGHT CURRENT UNTIL (DATE)..... _____ AS PER FAR 61.57(b)

I AM INSTRUMENT CURRENT UNTIL (DATE)... _____ AS PER FAR 61.57©

This section needs to be completed annually, or when there is a change. If nothing has changed you may leave this section blank.

MEDICAL CERTIFICATE: DATE ISSUED _____ CLASS _____ LIMITATIONS _____
FLIGHT REVIEW DATE _____ MEMBERSHIP EXPIRATION DATE _____
INSTRUMENT COMPETENCY CHECK DATE _____ TOTAL TIME (PIC) _____
PILOT CERTIFICATE OR RATINGS _____
INSTRUCTOR CERTIFICATE/RATINGS/ _____
FLIGHT CLINIC ATTENDANCE DATE _____ CFI EXPIRATION _____
PILOT PROFICIENCY COMPLETION DATE _____ PHASE _____
HOME ADDRESS _____ HOME PHONE _____
WORK PHONE _____ FAX _____ EMAIL _____

Complete this section with Check Pilot's signature with each new check ride.
FORM 5 COMPLETION DATE: _____ A/C type _____ CHECK PILOT: /S/ _____
FORM 91 COMPLETION DATE: _____ CHECK PILOT: /S/ _____

Complete with Unit Commander, or designee, signature annually: I CERTIFY THAT ALL DOCUMENTS REQUIRED BY CAPR 60-1 (2-9) ARE INCLUDED IN THIS MEMBER'S PILOT FILE, LOCATED AT WV _____ . UNIT CC /S/: _____

The undersigned affirms that the information provided on this form is true and correct.

Pilots Signature
WV Wing Form 60-5 / OPR: DOV / Jan 03

Date
All previous editions are obsolete