FFI Formation Standards and Proficiency Program

Annual Activity Report

Name		Date	
Address/City/State/ZIP			
Phone	Cell_		
Email			
Pilot License Type and #_		Medical	
Total Time	Time in Type	 FL	
Formation Time	4-ships_	FL	_
FFI Wingman #		Formation Flights (Four 4-ship) Date# of ships Date# of ships Date# of ships Date# of ships	
FFI Flight Lead # FFI Check Pilot #		Formation Flights as Lead (Four 4-Date Date Date Date	·ship)
Flight Log Verification by F	Flight Lead or	Check Pilot	
Name		FFI #	
Signature			

Check Pilots list check flight activity on reverse side