

FAA Checkride Payment Request

DPE's Name: _____

Invoice #: _____

Business Name: _____

(will be assigned)

Date: _____

Email: _____

Phone #: _____

Address: _____

We need to have a W-9 and Direct Deposit information before we can process a payment to you

You will receive an email invitation from PaymentWorks.

Once you have completed this process, you will be set up in our payment system.

Student's Name: _____

Email: _____

A#: _____

Phone: _____

TYPE of CHECKRIDE: _____

Pass

Fail

Discontinuance*

Comments: _____

***Per regulation 8000.95 – (Practical Test Discontinuance – must be completed within 60 days)**

If this is a discontinuance or fail, test is

rescheduled for _____

(Date)

Cost:	<input type="checkbox"/>	\$	_____	Checkride
	<input type="checkbox"/>	\$	_____	Recheck Fee
	<input type="checkbox"/>	\$	_____	Travel Fee

TOTAL: \$ _____

PAYABLE UPON RECEIPT

FAA Examiner's Signature

Student's Signature

TURN THIS FORM INTO JORAN FOR PROCESSING

For Office Use: _____ Student's FlightLogger Account Charged Payment Processed: _____