

# FAA Checkride Payment Request

DPE's Name: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Business Name: \_\_\_\_\_

(will be assigned)

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**\*We need to have a W-9 Request for Taxpayer Identification Number and Certification on file\***

**\*\*Your payments can be Direct Deposited into your bank account\*\***

(both forms are on our website, or with Joran or Jensea -- please include with this form, one time only)

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 Talon Account Charged

Payment Processed: \_\_\_\_\_