

**ANNUAL BEFA INSTRUCTOR
RECENCY OF EXPERIENCE**

NAME _____ EXPERIENCE FOR YEAR OF _____

Total annual hours flown _____ BEFA Pilot in Command _____

BEFA Instructor time _____ BEFA Instrument time _____

Last instrument competency check as per FAR 61.57(e)(2) DATE _____

BEFA Check Pilot or FAA Designee _____

Last 6 month or Annual CFI Check Ride DATE _____

BEFA Check Pilot _____

Total number of students trained this year (not counting check rides) _____

Total recommended for Private _____ Total recommended for Sea Plane _____

Total recommended for Commercial _____ Total recommended for Initial CFI _____

Total recommended for Instrument _____ Total recommended for Additional CFI _____

Total recommended for Multi-Engine _____ Total upgraded to different airplane _____

Please list all check rides given this year:

NAME	TYPE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Please attach additional sheets if needed.