



Systems Training

Name: Matt Palmer Aircraft: 200/ALL 90

Training Objective: RECURRENT

Instructor: Mark Miller

Aircraft Systems	Instructor Initials	Date	Notes / Comments
Airframe	[REDACTED]	5/13/14	F90 INITIAL WITH C90/B200 DIFFERENCES CLASSROOM
Flight Controls / Flaps			
Annunciator System			
Engine / Propellers			
Fire Detection and Extinguishing			
Electrical System			
Fuel System			
Environmental System			
Pressurization			
Vacuum and Pneumatic			
Landing Gear			
Ice and Rain Protection			
Oxygen			
Pitot Static System			
Performance			
Weight & Balance			
Differences			

Maneuvers / Procedures Training



Name: Matt Palmer
 (PIC) SIC INIT (REC)
 Instructor: Ron Belk

Aircraft: 200/90
 N _____

A=AIRCRAFT S=SIM/FTD						NOTES/COMMENTS
TRAINING SESSION	1	2	3	4	P	Air Stnd
Grading: 1=PROFICIENT 2=INTRO 3=UNSAT D=DEMONSTRATED						
PREFLIGHT						
Preflight Inspection	✓					
Taxiing	✓					
Powerplant Checks	✓					
TAKEOFFS						
Normal	✓					
Instrument (_____ RVR)	✓					
Crosswind						
With Simulated Powerplant Failure	✓					
Rejected Takeoff	✓					
INFLIGHT MANEUVERS						
Steep Turns	✓					
Approach to Stalls						
Specific Flight Characteristics	✓					
Powerplant Failure	✓					
LANDINGS						
Normal	✓					
From ILS						
Crosswind						
With Simulated Powerplant(s) Failure	✓					
Rejected Landing	✓					
Flaps Up Landing	✓					
From Circling Approach						
EMERGENCIES						
Normal and Abnormal Procedures	✓					
Emergency Procedures	✓					
INSTRUMENT PROCEDURES						
Area Departure	✓					
Holding	✓					
Area Arrival	✓					
ILS Approaches	✓					
Non Precision Approaches						
NDB						
VOR	✓					
LOC	✓					
RNAV/GPS						
Circling Approaches	✓					
Missed Approaches	✓					
Comm/Nav Procedures	✓					
Use of Autopilot	✓					
GENERAL						
Judgement	✓					
CRM						
Crew Coordination						
Cockpit Management	✓					
TOTAL TIME	2:15					
INSTRUCTOR INITIALS	RB					
DATE	1/11					

I certify that _____ has received the required training of section 61.63 (d)(2) and (3) for an addition of a _____ type rating.

Date: _____ Instructor: _____

CFI No: _____ Exp Date: _____

I certify that _____ has received the required training of section 61.157 (b)(1) for an addition of a _____ type rating.

Date: _____ Instructor: _____

CFI No: _____ Exp Date: _____

Applicant RAS Certificate Approved (Instructor Initials): [REDACTED]