



G. W. BO CORBY

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FAA Designated Pilot Examiner

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Pre-Examination Information Request

(Please return at least three days prior to the Exam)

Full Name _____ Address _____

Phone _____ Email _____ FTN Number _____

Current Pilot Certificate and Number _____

Medical Class _____ Medical Date _____ Examiner _____

Driver's License # _____ State _____ Expires _____ DOB _____

Other ID to be used to verify applicant identity _____

Requested Exam: (circle your option) Private Commercial Instrument ATP Multi
Multi Eng-Add On FI FII

MEFI Type Rating: (circle your option) LR-45 DA-50/900 CE-650 61.58 Proficiency Check in

Endorsing CFI's Name _____ Cert. No. _____ Expires _____

Email _____ Phone _____ Location _____

Aircraft Type _____ Model _____ Year _____ N Number _____

Aircraft maintained by _____ Location _____ Phone # _____

Test Location Address _____ Airport ID _____

Facility / School Name _____ 141 School ID _____

Avionics configuration _____ Six Pack, _____ TAA, Mfg _____ Model _____ / _____
