

LESC Flight Review Questionnaire

Name: _____

When was your last Flight Review? _____ Was it a new rating? No Yes: _____

Please list your Airman ratings: _____

How many hours did you fly last year? (*all aircraft*): _____ (*gliders*): _____

How many hours of instruction did you give last year? (*all aircraft*): _____ (*gliders*): _____

How many total flight hours do you have? (*all aircraft*): _____ (*gliders*): _____

How many years have you been flying? (*all aircraft*): _____ (*gliders*): _____

Do you own your own glider? No Yes: _____

Please indicate any badges / awards you hold:

- | | | | | |
|----------------------------|---------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> A | <input type="checkbox"/> Bronze | <input type="checkbox"/> Altitude Diamond | <input type="checkbox"/> 1 Lennie pin | <input type="checkbox"/> 1,000K Diplome |
| <input type="checkbox"/> B | <input type="checkbox"/> Sliver | <input type="checkbox"/> Distance Diamond | <input type="checkbox"/> 2 Lennie pin | <input type="checkbox"/> 2,000K Diplome |
| <input type="checkbox"/> C | <input type="checkbox"/> Gold | <input type="checkbox"/> Goal Diamond | <input type="checkbox"/> 3 Lennie pin | <input type="checkbox"/> World Distance Award |

In the last year, indicate the percentage of your glider flight time you spent doing the following:

- _____ Local Flying
- _____ Cross Country
- _____ Badges
- _____ Contests
- _____ Aerobatics
- _____ Safaris
- _____ Giving rides
- _____ Instructing
- _____ Other: _____

Have you been the subject of an FAA/NTSB violation or enforcement action? No Yes: _____

Have you been involved in an aircraft accident or incident? No Yes: _____

