

**REQUEST/TASKING ORDER
FOR FAMILIARIZATION FLYING IN PRIVATELY OWNED AIRCRAFT**

References: CATO 52-07 and A-CR-CCP-242/PT-005

Authorization is requested to conduct **POWER FAMILIARIZATION FLYING IN PRIVATELY OWNED AIRCRAFT** as per the following:

Squadron Number and Name		Rank & Name of Supervisory Officer		Telephone Number () -	
Location	Aircraft Type	Registration #	Date of Last Annual Inspection		
Certificate of Airworthiness <i>(refer to para 15 of ref)</i> <input type="checkbox"/> Normal Certificate of Airworthiness verified		Certificate of Airworthiness Expiry Date		Insurance <i>(check if conditions in para 14 of ref are met)</i> <input type="checkbox"/> Minimum liability <input type="checkbox"/> DND/ACL co-insured	
Date(s) of Request	Times	# of Cadets	# of Flights	Duration of each flight	

Substantiation for request (if DND funding requested)

PILOT INFORMATION			
Name	Licence Number	Medical Certificate Expiry Date	PIC hours (minimum 30)
E-mail address	Telephone number () -	Has the pilot flown as PIC (or dual with qualified instructor) within previous 60 days with at least one hour on the aeroplane type to be used for fam flying? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this pilot the owner of aircraft? <input type="checkbox"/> YES <input type="checkbox"/> NO	If the pilot is not the owner is he/she: a. designated as co-insured? <input type="checkbox"/> YES <input type="checkbox"/> NO b. current IAW CATO 52-07? <input type="checkbox"/> YES <input type="checkbox"/> NO c. in possession of written authorization from the aircraft owner to conduct this familiarization flying? <input type="checkbox"/> YES <input type="checkbox"/> NO		If the pilot is not the owner, date of FTU proficiency ride: Name of Flying School or Club:

CERTIFICATION - COMMANDING OFFICER		
<i>I certify that I have examined this pilot's logbook, licence and medical certificate and they meet or exceed all requirements IAW CATO 52-07 with the exception of currency. Currency as described in CATO 52-07 will be confirmed so that at the time of flight, the pilot meets all currency requirements.</i>		
Name & Rank	Signature	Date

RECOMMENDATION - AREA CADET OFFICER (AIR)		
<i>Above requested familiarization flying is:</i>		
<input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED		
Conditions (if any)		
Name & Rank	Signature	Date

APPROVAL - REGIONAL CADET AIR OPERATIONS OFFICER		
<i>Above requested familiarization flying is:</i>		
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		
Conditions (if any)		
Name & Rank	Signature	Date

1. Submit completed Cdt #142 to ACO (Air) for recommendation.
2. ACO (Air) will forward Cdt #142 to RCA Ops O for approval.
3. Finalized Cdt #142 will be forwarded to Squadron CO.
4. Following completion of flight(s), total hours flown, number of flights flown and total number of cadets flown shall be forwarded to RCA Ops attn: RCA Stds O.