

# BEFA Cross Country Itinerary

Pilot \_\_\_\_\_ Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_ Destination \_\_\_\_\_

Contacts at principal locations \_\_\_\_\_

Aircraft N \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Number Aboard \_\_\_\_\_

KRNT departure date & time \_\_\_/\_\_\_/\_\_\_ :\_\_\_ (AM)(PM) Renton return date & time \_\_\_/\_\_\_/\_\_\_ :\_\_\_ (AM)(PM)

Pilot experience: Total time (hrs) \_\_\_\_\_ Last 90 days \_\_\_\_\_ Make/Model total \_\_\_\_\_ This model last 90 days \_\_\_\_\_

FAA Medical Date \_\_\_/\_\_\_/\_\_\_ Medical Class \_\_\_\_\_ Last BFR date \_\_\_/\_\_\_/\_\_\_

BEFA checks: 6 month Checkride (or 20-hour rule) date \_\_\_/\_\_\_/\_\_\_ A/C Make/Model \_\_\_\_\_  IFR  VFR  Float

Checkrides completed:  Mountain  Night  Night X-C  High Altitude  Salt Water  Mountain Lake

Please list ALL planned stops:

Date	From	To	IFR	VFR	Day	Night	Route (Airways, Direct, Other)	Distance (nm)	Time Enroute	Gas, Rest, RON stops, etc.

***Itinerary MUST be approved by Safety Officer or Operations Officer PRIOR to departure. Refer to paragraph 5.7C in the BEFA Rules of Operation.***

I have read and understand the BEFA policy on delayed cross country flights, and agree to be governed by them and adhere to them at all times as a member of the Boeing Employees' Flying Association, Inc.

Pilot Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Aircraft scheduled ? YES/NO

Approved by: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Deposit Check received? YES/NO Ck # \_\_\_\_\_