

Biennial Flight Review

	FAR	AIM	Topic
1.	61.23		Duration of Medical Certificate
2.	61.57		Recent Flight Experience
3.	91.13		Careless or Reckless Operation
4.	91.17		Alcohol or Drugs
5.	91.103	5-1-1	Preflight Action
6.	91.105		Crew Members at Stations
7.	91.107		Use of Safety Belts
8.	91.113		Right-of-Way Rules
9.	91.117		Aircraft Speed
10.	91.119		Minimum Safe Altitudes: General
11.	91.121	7-2	Altimeter Settings
12.	91.125	4-3-13	ATC Light Signals
13.	91.126	3-3	Class G Airspace
14.	91.127	3-2-6	Class E Airspace
15.	91.129	3-2-5	Class D Airspace
16.	91.130	3-2-4	Class C Airspace
17.	91.131	3-2-3	Class B Airspace
18.	91.133	3-4	Restricted & Prohibited. (Warning, Alert Areas, & MOA's)
19.	91.135	3-2-2	Class A Airspace
20.	91.137	3-5-3	Temporary Flight Restrictions
21.	91.151		VFR Fuel Requirements
22.	91.155	3-1-4	Basic VFR Weather Minimums
23.	91.157		Special VFR Minimums
24.	91.159	3-1-5	VFR Cruising Altitude
25.	91.205		Required Equipment
26.	91.207		Emergency Locator Transmitter
27.	91.209		Aircraft Lights
28.	91.211		Supplemental Oxygen
29.	91.215		Transponder Equipment and Use
30.		1-1	Navigation Aids
31.		2-1, 2-3	Airport Lighting and Marking Aids
32.		4-1	ATC / Services Available to Pilots
33.		4-3	Airport Operations
34.		6	Emergency Procedures
35.		7-1	Safety of Flight / Meteorology
36.		7-3	Wake Turbulence
37.		8	Medical Facts
38.			Weight and Balance
39.			Flight Planning
40.			Aeronautical Charts

This is to certify that (pilot) _____ certificate # _____ has satisfactorily completed a biennial flight review in accordance with FAR 61.56 on this date _____

Pilot

Certificate #

Instructor

Certificate #