Ramp / En Route Surveillance Report

Pilot Name: _____

Location (*for ramp inspection*): _____ Date: _____

Run # (*for enroute inspection*): _____ N Number: _____

Time Started: _____

Time Ended: _____

Name of Inspector: _____

ID Number: _____

Flight Standards District Office: _____

Comments or Observations (Positive or Negative) Made by the Inspector:

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Fax this form to the Director of Operations (Ernst Andersson) at (407) 894-1260 as soon as practical.