



Pilot Information / Application

Name _____

Address _____

City _____

State _____ Zip _____

Phone (Home) _____

Phone (Work) _____

Phone (Fax) _____

Email _____

Date of Birth (Month)_____, (Day_____, (Year)_____

In Case of Emergency Contact

Name: _____

Number _____

Drivers License Number or State ID _____

Pilot Certificate Number _____

Please check one that represents your grade of certificate

- Student _____
- Sport _____
- Recreational _____
- Private _____
- Commercial _____
- ATP _____

If you are under the age of 18 please have your parent or guardian sign here that you are allowed to receive flight training and rent an aircraft

Please indicate by marking which ratings you have.

ASEL, AMEL, IA, ASES, AMES, RH, RG, G, IH

Please indicate by marking which endorsements you have

High Performance, Complex, Tail Wheel, High Altitude / Pressurized

Are You A Flight Instructor? Yes, No (if Yes, Certificate Number _____ Expires _____)

If Yes what ratings are you certified :

ASEL, AME, IA, RH, RG, G, IH

Additional Ratings or Limitations _____

Medical Certificate

Class: First, Second, Third, None (Student or Sport) Date Expires _____

Biannual Flight Review Completed Date _____ Due _____

Flight Time												
Total Time	Dual	Solo	PIC	Cross Country Instruction Received	Cross Country Solo	Instrument	Night Instruction Received	Night Take-Off and Landings	Night PIC	Retractable Gear Time	Total Time in past 6 months	Total Time in Past Year

Total Time Cessna 172 _____

Total Time Piper Archer _____

Total Time Cessna 172RG _____

Total Time Other _____