



Pilot Information Sheet

FULL NAME (FIRST MIDDLE LAST): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE NUMBER: _____

E-MAIL: _____

DRIVERS LICENSE or ID NUMBER: _____ STATE ISSUED: _____

UNITED STATES CITIZEN: YES NO DATE OF BIRTH: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

FLIGHT EXPERIENCE

CERTIFICATES AND RATINGS HELD: STUDENT PRIVATE COMMERCIAL ATP
 CFI CFII MEI

Instrument Rated? _____yes _____no

CERTIFICATE NUMBER: _____

LAST FLIGHT REVIEW DATE: _____

LAST IPC (IF APPLICABLE): _____

LAST MEDICAL CERTIFICATE (DATE): _____ CLASS: _____

TOTAL TIME: ASEL: _____

PREVIOUS 90 DAYS: _____ INSTRUMENT(sim/actual): _____

_____(signature)

_____(date)