

Aircraft Rental & Flight Instruction

Name: _____

Address: _____

City: _____

State & Zip Code: _____

Home Phone # () _____ Work Phone # () _____

Cell # () _____ Email # _____

Emergency Contact Person/Number: _____

Date of Birth: _____ Drivers License #: _____

Present Occupation: _____

Pilot Certificate # _____ Type: _____

Addl Ratings: _____

Medical Class: _____ Date: _____ Restrictions: _____

Flight Review Date: _____

Flight Time; Total Time: _____ PIC: _____ X-C: _____ Night: _____

Night X-C: _____ MEL: _____ IFR: _____ Actual IFR: _____

Prev 6 months; PIC: _____ Night: _____ IFR: _____ Approaches: _____

Prev 90 days; PIC: _____ Lndgs: _____ Night Lndgs: _____

List Make and Model & Flight time: _____

Signature, if applicable, should be co-signed if student pilot is not yet a legal adult at time of enrollment.

Parent or Legal Guardian Signature: _____

(530) 477 - 7701 fax: (530) 477 - 7764