

PILOT INFORMATION FORM

Name

Address

City State Zip Code

Phone Cell

DOB: E_mail

FAA Pilot Cert. # Date of Last Flight Review:

Date of Last FAA Medical: Class of FAA Medical: 3rd 2nd 1st

Type of Pilot Certificate Held: Student Private Commercial ATP Recreational Sport

Aircraft Ratings Held: SEL MEL SES MES IFR Rotorcraft GLIDER CFI CFII MEI

Pilot Logged Hours

Total Logged Hours PIC: Total Logged Hours PIC Last 12 Months:

PIC Hours in Make and Model Aircraft listed below: PIC Hours in Make and Model Aircraft in last 12 months:

A/C Make A/C Model Year Build Registration #

A/C Colors - Prim Trim

Fuel Capacity in gls Flight Time in Hr and min:

Air Speed kts mph Gross Weight lbs Empty Weight lbs

Not counting yourself, how much total passenger weight will you carry in your aircraft: lbs

Available Seats for Passengers:

Aircraft Owner: Aircraft is based at:

I acknowledge that I have read the Phoenix Chapter's Pilot Guidelines and agree to abide by the Guidelines. I have also signed and submitted a Pilot Acknowledgement form, which is required by the International Board of Directors, before participating on a Flying Samaritans trip or other flying activity as Pilot in Command.

Date I agree I do not agree

The Phoenix Chapter Pilot Coordinator, Don Downey, will review your information and will contact you. If you have question, please contact Don at C310dd@aol.com