

Zulu Aviation Corporation

Pilot Information Sheet

PILOT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE NUMBER: _____ Other Number: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____ CELL NUMBER: _____

EXPERIENCE:

_____ TOTAL FLIGHT HOURS _____ TOTAL RETRACTABLE HOURS

_____ TOTAL HOURS IN MAKE & MODEL _____
(MAKE) (MODEL)

_____ TOTAL HOURS IN MAKE & MODEL _____
(MAKE) (MODEL)

_____ TOTAL HOURS IN MAKE & MODEL _____
(MAKE) (MODEL)

CHECK LIST:

- | | |
|--|--|
| <input type="checkbox"/> COPY OF DRIVER'S LICENSE | <input type="checkbox"/> COPY OF NON-OWNER INSURANCE POLICY |
| <input type="checkbox"/> COPY OF PILOT LICENSE | <input type="checkbox"/> SIGNED RENTERS AGREEMENT |
| <input type="checkbox"/> COPY OF MEDICAL CERTIFICATION | <input type="checkbox"/> SIGNED CREDIT CARD AUTHORIZATION FORM |
| <input type="checkbox"/> COMPLETED CFI AUTHORIZATION | <input type="checkbox"/> COPY OF BIRTH CERTIFICATE/PASSPORT |