

SPINKS FLIGHT CENTER INC



PILOT INFORMATION SHEET

PILOT	First	Middle	Last	DOB
CONTACT INFO.	Physical Address	Apt. #	City	State Zip
	Mobile Phone:		Email Address	
	Emergency Contact Name, Number and Relationship To You			
PLEASE PRINT CLEARLY. THANK YOU!				
LICENSE	Light Sport Single Engine Land Tail Wheel	Private Multi Engine Land Rotorcraft	Instrument Single Engine Sea Airline Transport	Commercial Multi Engine Sea Type Ratings
FLIGHT TIME	Total time in all aircraft _____ Single Engine _____ Actual Instrument time _____		Total PIC time in all airplanes _____ Simulated Instrument _____	
CURRENCY	Date of last flight review, checkride or rating? _____ (paper proof required) Date of last flight? _____ Hours flown in the last 90 days _____			
MEDICAL	Type (circle one)	Student	First Class	Second Class Third Class
Restrictions _____				
Date of last medical _____ Physician _____				
Have you ever been involved in any aviation accident or incident, or been subject to any enforcement action by the FAA? Yes or No (circle one)				
If yes, please provide documentation. Spinks Flight Center does perform pilot history checks.				
PLEASE PRINT CLEARLY. THANK YOU!				
REQUIRED	Card Type (circle one)	Mastercard	Visa	Amex Other
# _____ Expires _____ CVC _____				

I affirm that the above information is true and correct and that I will abide by the rental agreement provided to and signed by me. I acknowledge that all charges are due at the time services are rendered. I agree that prior to rental, I must keep a current credit card on file or a deposit will be required, in an amount sufficient enough to cover the estimated costs. I also agree that any unpaid balance may be charged to the above credit card according to the rental agreement. I understand that any unpaid balance (even \$1.00) will automatically lock my account from activity.

Signature _____ Date _____ Spinks Flight Center Representative _____ Date _____