



# Pilot Information Form

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Birthdate: mm / dd / yyyy \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Passport Expiration: mm / dd / yyyy \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

## Driver's License

Have you ever received a moving violation involving a DUI/DWI Citation? No [ ] Yes [ ]  
 Have your Driver's License ever been suspended or revoked? No [ ] Yes [ ] If yes, explain \_\_\_\_\_

## Flight Experience

Certificate Held: \_\_\_\_\_  
 Total Flight Time: \_\_\_\_\_ PIC: \_\_\_\_\_ Last 90 Days: \_\_\_\_\_  
 Date of last flight review: mm / dd / yyyy \_\_\_\_\_  
 Are you instrument current? (61.57c) No [ ] Yes [ ] Date of last IPC (if applicable): mm / dd / yyyy \_\_\_\_\_  
 Type Specific Time | PA-28: \_\_\_\_\_ PA-32: \_\_\_\_\_ PA-30: \_\_\_\_\_ Ercoupe: \_\_\_\_\_  
 Have you ever been involved in an aircraft accident or incident? No [ ] Yes [ ]  
 Have you ever had your FAA Certificate suspended or Revoked? No [ ] Yes [ ] If yes, explain \_\_\_\_\_

## Credit Card to be added to Flight Schedule Pro Account

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Authorization Agreement

I, \_\_\_\_\_, hereby authorize the use of the credit card indicated by Anderson Aviation for the settlement of all outstanding charges assessed to me by Anderson Aviation. I further agree to pay my charges in accordance with the terms and conditions of the credit card issuer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Declaration

I certify that the information I have provided on this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Copies of Documents to Accompany This Form

	Remarks
<input type="checkbox"/> Pilot Certificate (front and back)	
<input type="checkbox"/> Medical Certificate	
<input type="checkbox"/> Driver's License	
<input type="checkbox"/> Last Flight Review	
<input type="checkbox"/> Passport or Proof of Citizenship	

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