

PILOT INFORMATION FORM

Pilot's Name: Address: City - State - Zip: , Email: Mobile: Emergency Contact: Airman Certificate Number: Class of Medical: Examiner of Last Flight Review: Original Training Obtained From: _____	Date of Birth: 00/00/00 Citizenship: United States Country: United States Telephone: Emer. Phone: Date Issued: 00/00/00 Last Medical: 00/00/00 Date of Review: 00/00/00
---	--

Are you flying under a waiver of any kind?	Yes / No	Explain on reverse
Have you ever been penalized for a violation of any FARs?	Yes / No	Explain on reverse
Have you ever had an accident, incident, or violation?	Yes / No	Explain on reverse

Record of Pilot Time Aircraft

Total Time:	PIC:	Cross Country:	
Actual Instrument:	Simulated Instrument:	Night:	
Single Engine:	High Performance:	Complex:	
Multi Engine:	Turbo prop:	Turbo Jet:	
Last 90 Days:	Last 12 Months:	Tail Wheel:	

Certificates Held

<input type="checkbox"/> STUDENT	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> ATP
<input type="checkbox"/> SEL	<input type="checkbox"/> MEL	<input type="checkbox"/> SES	<input type="checkbox"/> MES
<input type="checkbox"/> CFI	<input type="checkbox"/> CFII	<input type="checkbox"/> MEI	<input type="checkbox"/> MEII:

Ratings, Endorsments & Type Ratings

<input type="checkbox"/> INSTRUMENT	<input type="checkbox"/> HIGH PERF	<input type="checkbox"/> COMPLEX	<input type="checkbox"/> TAIL WEEL

I hereby certify that the above information is true and correct. I further certify that I have received, read, and agree to the terms and conditions set forth in Platinum Aviation Training's rental agreement.

Printed Name	Dec 5, 2010	_____ Signature	Rel2.1
	Date		