

SPINKS FLIGHT CENTER INC



STUDENT PILOT/PILOT INFORMATION SHEET

CONTACT INFO.	First	Middle	Last	DOB	
	Physical Address	Apt. #	City	State	Zip
	Mobile Phone:	Email Address			
Emergency Contact Name	Phone Number	Relationship To You			

THIS SECTION APPLIES TO LICENSED PILOTS ONLY. PRIVATE PILOT STUDENTS SKIP TO BOTTOM SECTION.				
LICENSE	Light Sport	Private	Instrument	Commercial
	Single Engine Land	Multi Engine Land	Single Engine Sea	Multi Engine Sea
	Tail Wheel	Rotorcraft	Airline Transport	Type Ratings
FLIGHT TIME	Total time in all aircraft _____		Total PIC time in all airplanes _____	
	Single Engine _____			
	Actual Instrument time _____		Simulated Instrument _____	
CURRENCY	Date of last flight review, checkride or rating? _____ (proof required)			
	Date of last flight? _____ Hours flown in the last 90 days _____			
MEDICAL	Type	Student	First Class	Second 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 _____				
If yes, please provide documentation. Spinks Flight Center does perform pilot history checks.				

I affirm that the above information is true and correct.

Signature

Date

Spinks Flight Center Representative

Date