

SPINKS FLIGHT CENTER INC



STUDENT PILOT/PILOT INFORMATION SHEET

PILOT	First	Middle	Last	DOB	
CONTACT INFO.	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	Third Class
	Restrictions	_____			
	Date of last medical	_____	Physician	_____	
<p>Have you ever been involved in any aviation accident or incident, or been subject to any enforcement action by the FAA? Yes or No</p> <p>If yes, please provide documentation. Spinks Flight Center does perform pilot history checks.</p>					

I affirm that the above information is true and correct.

Signature _____ Date _____ Spinks Flight Center Representative _____ Date _____