PILOT INFORMATION FORM

Name

Address

City State Zip Code

Phone **Cell**

DOB: **E_mail**

FAA Pilot Cert. # **Date of Last Flight Review:**

Date of Last FAA Medical: **Class of FAA Medical:** ◯ 3rd ◯ 2nd ◯ 1st

Type of Pilot Certificate Held: ☐ Student ☐ Private ☐ Commercial ☐ ATP ☐ Recreational ☐ Sport

Aircraft Ratings Held: ☐ SEL ☐ MEL ☐ SES ☐ MES ☐ IFR ☐ Rotorcraft ☐ GLIDER ☐ CFI ☐ CFII ☐ MEI

Pilot Logged Hours

Total Logged Hours PIC: **Total Logged Hours PIC Last 12 Months:**

PIC Hours in Make and Model Aircraft listed below: **PIC Hours in Make and Model Aircraft in last 12 months**

A/C Make **A/C Model** **Year Build** **Registration #**

A/C Colors - Prim **Trim**

Fuel Capacity in gls **Flight Time in Hr and min:**

Air Speed ◯ kts ◯ mph **Gross Weight lbs** **Empty Weight lbs**

Not counting yourself, how much total passenger weight will you carry in your aircraft: lbs

Available Seats for Passengers:

Aircraft Owner: **Aircraft is based at:**

I acknowledge that I have read the Phoenix Chapter's Pilot Guidelines and agree to abide by the Guidelines. I have also signed and submitted a Pilot Acknowledgement form, which is required by the International Board of Directors, before participating on a Flying Samaritans trip or other flying activity as Pilot in Command.

Date ☐ I agree ☐ I do not agree

The Phoenix Chapter Pilot Coordinator will review your information and will contact you.