



COSTANZO AIR FLIGHT SCHOOL

INSTRUCTOR INFORMATION FORM

Contact Information

Name: _____

Phone: _____

Email: _____

Address: _____

Emergency: _____

Flight Time

Total Flight Hours: _____ Total Instruction Hours: _____

Instrument Flight: _____ Single Engine: _____

Multi Engine: _____ Part 121/135: _____

Turbine: _____ Military: _____

Date of last Flight Review: _____

Date of Instrument Proficiency Check: _____

Please list the airports/schools/dates where you obtained your certificates/ratings:

How many hours do you currently fly per calendar year?



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How many hours do you anticipate flying per calendar year?

Are you currently flying under a waiver?

Have you ever had an aircraft accident, incident and/or violation?

Have you ever received an FAA Letter of Correction or Warning?

Has any insurance company ever canceled, non-renewed, or declined coverage on your behalf?

Have you ever been convicted of a felony? YES/NO

Have you ever been convicted of, or pleaded guilty to, or are under indictment in a legal action involving drugs or narcotics?

Have you ever been convicted of driving a motor vehicle while under the influence of alcohol and or narcotics?

Has your driver's license ever been revoked or suspended?



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Please list 2 to 5 professional references that we may contact in regard to your application. Please include their name, title, phone, and email address.

1. _____

2. _____

3. _____

4. _____

5. _____