Student / Renter Information Form

The information you provided below is kept confidential and will not be sold. It is used to setup Flight Schedule Pro (our online flight scheduling service) and for our records.

General Information

Name First:_____ Middle:_____ Last :_____

Phone #:_____ Cell Phone #:_____ Are Text Messages Ok: YES / NO

Email Address:_____

Address

Address:_____

City:_____ State:_____ Zip:_____

Sensitive Information

Date of Birth:_____ Social Security #:_____ Passport #:_____

Nationality:_____ Gender: MALE / FEMALE   Drivers License #:_____

Drivers License State:_____ Weight:_____lbs.

Airman Certificate #:_____   IACRA FTN #_____

Emergency Contact Information

Emergency Contact Full Name:_____   Phone:_____

Email:_____   Relationship to Emergency Contact:_____

Previous Flight History (if any):_____

_____

By signing below, you certify that the information provided above is true and correct.

Signature:_____ **Date:**_____

_____
OFFICE USE BELOW

Photo copies needed (Indicate date scanned/filed)

Drivers License:_____ Passport or Birth Certificate:_____

Aviation Medical Certificate:_____   Airman Certificate:_____

Notes:_____
_____
_____