

Fly Time Aviation

RENTAL PILOT RECORD

NAME: _____ HOME PHONE#: _____

ADDRESS: _____

EMPLOYED BY: _____ BUSINESS PHONE: _____

EMPLOYER'S ADDRESS: _____

PILOT CERTIFICATE #: _____

STUDENT _____ PRIVATE _____ COMMERCIAL _____ ATP _____

CFI _____ INSTRUMENT _____

LIMITATIONS:

BIENNIAL FLIGHT REVIEW: BY: _____ DATE: _____

MEDICAL: CLASS _____ DATE: _____

BY: _____ LIMITATIONS:

-

EVER INVOLVED IN ANY INCIDENT/ACCIDENT? _____

GIVE DETAILS:

TOTAL FLIGHT TIME: _____ PIC: _____ NIGHT: _____

INSTRUMENT: _____ ME: _____ SE: _____

RETRACTABLE: _____ OTHER: _____

A COPY OF PILOTS LICENSE, MEDICAL CERTIFICATE, BIENNIAL FLIGHT REVIEW LOGBOOK ENDORSEMENT AND AIRCRAFT RENTAL AGREEMENT MUST BE ATTACHED.

CHECKOUT RECORD

DATE A/C TIME IN TYPE CHECK PILOT
RESTRICTIONS
