

FSGC Pilot Information Form



GENERAL INFORMATION	
Name:	Date of Birth:
Address 1:	Employer:
Address 2:	Title Position:
Email:	Emergency Contact:
Contact Phone:	Emergency Contact Ph:

RATINGS INFORMATION	
Pilot Certificate Number:	Total Time:
Class of Medical:	PIC Time:
Date of Medical:	Time in Make & Model:
ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> PVT <input type="checkbox"/> COM <input type="checkbox"/> ATP <input type="checkbox"/> IFR <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI <input type="checkbox"/> OTHER _____	

AIRCRAFT INFORMATION		
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Usable Fuel:	TTAF:
Tail Number: N	Endurance:	TSMOH:
Make & Model:	Cruise Speed:	Date of Last Annual:
Year of Manufacture:	Gross Weight:	Based at:
Color:	Useful Load:	FBO:
Seats:	Useful Pax Load:	FBO Phone:

RATINGS INFORMATION	
Have you ever had an aircraft accident, incident or violation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your Pilot Certificate ever been revoked, suspended, or surrendered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Aviation Liability Insurer:	
Amount of Liability Coverage and Per Seat Limitation:	\$ _____ \$

- Please Provide**
1. A copy of your Insurance Declaration Page and Certificate of Insurance.
 2. Pilot's Certificate (Front and Back)
 3. Medical Certificate
 4. Aircraft Registration
 5. US Passport
 6. Latest BFR Endorsement
 7. FCC Radio Station License

I certify that the statements on this form are true and corrects.

Pilots Signature: _____ Date: _____