Pilot Rental Information Form

In addition to the information below, we also need a copy of your drivers license, pilot license, medical, and either a passport or birth certificate.

Name:					
Phone – Home:	_ Work:		Cell:		
Address:					
City:	State:	Zip:			
Email:					
Pilot License #:	for stude	nts, this is	your medi	cal number.	
Medical – Expiration Date:		1 st	2 nd	3 rd	
Total Hrs Flown					
Make & Model Hours Flown:					
Purpose of rental:					
Instruction: Pleasure:	Business:				
Emergency Contact:					
Name:	Ph	one:			