

Aviation Center



APPLICANT INFORMATION	NAME (First, Middle, Last)				PERMANENT MAILING ADDRESS NUMBER AND STREET, P.O. BOX ECT...				
	SOC. SEC. NO.		DATE OF BIRTH		HEIGHT		WEIGHT		
	HAIR	EYES	SEX	NATIONALITY					
	PLACE OF BIRTH:			DO YOU READ, SPEAK AND UNDERSTAND ENGLISH?					
	DO YOU NOW HOLD OR HAVE YOU EVER HELD AN FAA PILOT CERTIFICATE?				GRADE		CERTIFICATE NUMBER		DATE ISSUED
	DO YOU HOLD A MEDICAL CERTIFICATE?			CLASS OF CERTIFICATE?		DATE ISSUED		NAME OF EXAMINER	

EMPLOYER: _____
 ADDRESS: _____ BUS: PHONE _____

PILOT CERTIFICATE NUMBER: _____ RATINGS: _____

FLIGHT EXPERIENCE:

	A-SEL	A-MEL	SES	INST	X-C	NITE	RETRAC	LAST 90 DAYS
TOTAL								
PIC								

Date of last BFR _____ Instrument last 90 days _____

Approaches last 90 days _____

List any accidents or violations _____

I certify that all statements made by me on this form are true.

Signature _____ Date _____

For Roisen checkout pilot use.

- Aircraft knowledge form for each type complete.
- Renter pilot is competent to exercise the privileges of his _____ (grade) certificate in Roisen aircraft.
- Renter pilot is competent to fly IFR in Roisen aircraft.
- Pilot Certificate, Medical, FCC License photocopied on reverse.
- All applicable Roisen procedures (keys, parking, fuel, etc.) explained to new renter pilot.

Checkout Pilot _____ Date _____