Texas AEROVENTURES

www.TexasAeroventures.com

Client Data

Date: _____
Name: (incl. nicknames & aliases) _____
Date of Birth: _____ Place of Birth: _____
Street Address: _____City:_____
State: _____ Zip: _____ Phone: (Cell) _____ (Home) _____
E-Mail: _____
Emergency Contact: _____
Relationship: _____ (Phone) _____
Vehicle Make: _____ Model: _____ Year: _____
State:_____ Color: _____
Driver's License #: _____ State: _____ Expires: _____

Are you a US Citizen? Yes / No
If no, please list citizenship: _____ And/or
Sponsorship_____ Passport #: _____
Date of Issue: _____Visa date of issue: _____ Expiration: _____
Temp. Residence - Name of Hotel: _____
Address: _____ Room # _____
City: _____ State: _____ Zip: _____
Phone: _____

Have you ever had your FAA or DOT certificate suspended or revoked? Yes / No
Have you ever had an aircraft accident, incident, or violation? Yes / No
Has any aviation insurance company cancelled, declined, or refused you insurance? Yes / No
Have you ever been convicted or plead guilty to: a charge or reckless driving Yes / No
Driving under the influence of alcohol or drugs? Yes / No
Has your driver's license ever been suspended or revoked? Yes / No
Have you ever been convicted or under indictment for action involving
drugs or narcotics? Yes / No
Have you ever been convicted of a felony? Yes / No

If Yes to any of the above, please explain:

_____

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Certificates and/or Ratings Held

Pilot Certificate #: _____ Date Issued: _____ Last BFR: _____

Special Endorsements: _____
Medical Class: _____ Date Issued: _____
Limitations: _____
Private Pilot _____ Airplane: SEL MEL SES MES _____ Heli/Rotocraft _____ Commercial Pilot _____IFR _____ CFI ____CFII____ME _____ATP Expiration: _____

Time Break down Total Time _____

SEL _____ SEL Complex _____ MEL _____ Glider _____ CFI _____ CFII _____ MEI _____ Other _____

Warrior Time (PA28-161) _____ Archer Time (PA28-181) _____