

Orange County FLIGHT CENTER

CLIENT INFORMATION

Name: _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: (____) _____ Pager: (____) _____ Fax: (____) _____

Employer: _____ Occupation: _____

Employer's Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License # _____ Issuing State: _____ Social Security # _____

Person to notify in case of emergency: _____ Telephone #: (____) _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip Code: _____

PERSONAL CHECK ACCEPTANCE

In the event my check is returned to Orange County Flight Center from my bank for any reason, a \$10.00 service fee will be charged to my account. I authorize Orange County Flight Center to charge my credit card for services rendered. Major credit card required on file for aircraft rental.

Visa • MC • Disc. • Amex #: _____ Expiration Date _____

Signature _____ Date _____

PILOT HISTORY

Certificates currently held:
(please circle)

PRIVATE INSTRUMENT COMMERCIAL MULTI CFI CFII MEI ATP

FLIGHT TIME

Total flight time _____ Flight time last 6 months _____ Simulator time _____ Multi time _____

Date of last flight review _____ Date of last medical _____

Copies of:

Pilot certificate Driver's License Medical Flight review Last page of logbook

Rental Agreement Aircraft checkout sheet High Performance

Training To Live By.

