

# Aviation Facilities, Inc. Flight Customer Information Sheet

Date: \_\_\_/\_\_\_/\_\_\_

Customer Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License (**Copy**): \_\_\_\_\_

Form of payment: \_\_\_\_\_

## Pilot Certificates and Ratings Held:

Student                       Private                       Commercial                       ATP

Instrument                       Single Engine Land                       Multi Engine Land

Certificate Number: (**Copy**) \_\_\_\_\_

Last BFR Date: \_\_\_/\_\_\_/\_\_\_

Medical Class (**Copy**): \_\_\_\_\_ Date of Last Medical: \_\_\_/\_\_\_/\_\_\_

## Student Information

U.S Citizen     Yes                       No

TSA requirement                       Passport/ Identification (**Copy**)