AVIATE PILOT ACADEMY LLC

PILOT INFORMATION FORM

Renter / Student / Pilot Qualification Record

This form is separate from the Aircraft Rental Agreement and is used to establish and maintain pilot qualification information for Aviate Pilot Academy LLC.

1. PERSONAL INFORMATION

Full Legal Name	
Address	
City / State / ZIP	
Phone	
Email	
Date of Birth	
Emergency Contact	_____ Relationship: _____
Emergency Phone	_____

2. PILOT CERTIFICATES AND MEDICAL

Certificate Held	☐ Student ☐ Sport ☐ Recreational ☐ Private ☐ Commercial ☐ ATP
Ratings Held	☐ ASEL ☐ AMEL ☐ Instrument ☐ CFI ☐ CFII ☐ MEI ☐ Other: _____
Medical Qualification	☐ 1st Class ☐ 2nd Class ☐ 3rd Class ☐ BasicMed ☐ Sport Pilot eligibility
Medical / BasicMed Date	
Flight Review Date	
IPC (Instrument) Date	

3. FLIGHT EXPERIENCE

Category	Hours	Category	Hours
Total Time		PIC	
Solo		Last 90 Days	
Last 12 Months		Night	
Instrument Actual		Instrument Simulated	
Tailwheel		High Performance	
Complex		Make/Model to be Rented	
Hours in Make/Model		Other Relevant Experience	

4. PILOT / INSURANCE HISTORY

Have you ever had an aircraft insurance policy canceled, declined, or refused renewal? ☐ Yes ☐ No

Have you been involved in an aircraft accident, incident, or aviation insurance claim? ☐ Yes ☐ No

Has any pilot certificate, medical certificate, or driver's license been suspended, revoked, or surrendered? ☐ Yes ☐ No

Have you been arrested or charged with operating an aircraft or motor vehicle while under the influence of drugs or alcohol? ☐ Yes ☐ No

Have you been convicted of, or pleaded guilty or no contest to, a felony or misdemeanor other than a minor traffic/parking violation? ☐ Yes ☐ No

If yes to any item above, explain

5. NON-OWNED AIRCRAFT INSURANCE

Carrier: _____ Policy No.: _____

Liability Limit: _____ Aircraft Physical Damage / Hull Limit: _____

Policy Expiration: _____ Proof of coverage received: ☐ Yes ☐ No

Aviate management does not require non-owned aircraft insurance for it's renters, but it is strongly recommended.

6. DOCUMENT VERIFICATION / CHECKOUT

Government Photo ID Verified	☐ Yes Date: _____ Verified by: _____
Pilot Certificate Verified	☐ Yes Date: _____ Verified by: _____
Medical / BasicMed Verified	☐ Yes Date: _____ Verified by: _____
Renter Insurance Verified	☐ Yes Date: _____ Verified by: _____
Aircraft Checkout Completed	Aircraft: _____ Date: _____ CFI: _____
Rental Privileges	☐ Approved ☐ Restricted ☐ Not Approved

7. CERTIFICATION

I certify that the information provided on this form is true and complete. I agree to promptly notify Aviate Pilot Academy LLC of changes affecting my pilot qualifications, medical eligibility, flight review status, insurance, contact information, or legal eligibility to act as pilot in command.

Pilot Signature: _____ Date: _____

Printed Name: _____