

SIERRA TANGO AVIATION

WALLACE, NC
WWW.FLYATAILDRAGGER.COM
910-290-3102

Pilot Information Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ Phone _____

Birthdate: _____ Age: _____

Employer: _____ How Long: _____

Medical Certificate Class: _____ Issued Date: _____

Any Medical Waivers (if yes, explain): _____

Date of last Biennial Flight Review: _____ Instructor: _____

Pilot Certificate Number: _____ Date Issued: _____

Certificates & Ratings (check all that apply) Student___ Private___ Comm___ ATP___ MEL___

Instrument ___ Glider___ SES___ MES___ Rotor___ Other_____

Total Logged Flight Hours: _____ In last 12 months _____ In last 90 days _____

As Pilot in Command:

Have you ever had any accidents or incidents? _____ If yes, please explain on the back.

Have you ever been cited for violation civil or military flight rules? _____

Have you ever been convicted or plead guilty to a felony? _____

Have you ever been arrested for any violation of drug or alcohol laws? _____

Have you had any insurance company cancel or decline to renew any policy held by you? _____

Signature: _____ Date: _____