



Pilot / Student Information

Last Name: _____ First Name: _____ MI: _____

Address: _____

City, State, Zip: _____

Phone: _____ Current Weight: _____

Email: _____

Date of Birth: _____ Country of Citizenship: _____

Have you ever had an aircraft accident? _____

Have you ever had a disciplinary action from the FAA? _____

Emergency Contact Name: _____ Phone: _____

FAA CERTIFICATE(S) AND MEDICAL: Please indicate current pilot certificates and ratings you hold.

Category/Class

Certificate Number: _____ Student: _____

Date Issued: _____ Private: _____

Commercial: _____

Airplane Single Engine Land: _____ ATP: _____

Airplane Single Engine Sea: _____

Airplane Multi Engine Land: _____

Airplane Multi Engine Sea: _____

Ratings/Endorsement

Instrument Rating: _____

Tailwheel: _____

Complex: _____

Flight Instructor Certification

Certificate Number: _____

CFI: _____

Medical: 1st Class _____

CFI-SP: _____

2nd Class _____

CFII: _____

3rd Class _____

CFIMEI: _____

The information submitted above is true and correct to the best of my knowledge. I understand that falsifying information on this form is grounds for termination of my relationship with Viking Air LLC.

Signature: _____ Date: _____