



AIRCRAFT RENTAL APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
Email Address:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	Occupation:	
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

PILOT INFORMATION

Total Flying Hours:	Last 6 Months:
Time in Cherokees:	
Time in Arrows:	
Certificates Held:	Medical Class:
How many hours do you plan to fly next year?	
Date of Last Flight:	

QUESTIONNAIRE

Have you been (check all that apply):		
In any aircraft accident or incidents:	Y _____	N _____
Charged with violation of FAA regulations:	Y _____	N _____
In any motor vehicle accidents in past 3 years:	Y _____	N _____
Issued moving traffic citations in past 3 years:	Y _____	N _____

Please include copies of Driver's license, current medical and pilot certificate with this application.

SIGNATURES

I understand that the Operations Manager of Infinite Air Center, LLC determine my acceptance. If I am accepted, I agree to adhere to the Procedures and Regulations as outlined in the Club's Operations Guidelines, membership rules and decisions set forth by the Operations Manager of Infinite Air Center, LLC.

Signature of applicant:	Date:
Operations Manager Signature if Approved:	Date: