



# SPINKS FLIGHT CENTER

A CESSNA PILOT CENTER

Pilot Information Sheet  
REVISED 7/1/2007

Pilot name: \_\_\_\_\_  
First Middle Last Date of Birth

Address: \_\_\_\_\_  
Street Apt.# City Zip Code State

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell E-mail

Pilot Ratings:  Light Sport  Private  Instrument  Commercial  
 Single Engine Land  Multi Engine Land  Single Engine Sea  Multi Engine Sea  
 Tail Wheel  Rotorcraft  Airline Transport  Type Ratings

Pilot Time: Single Engine \_\_\_\_\_ Multi Engine \_\_\_\_\_ Retractable \_\_\_\_\_  
Total PIC time in airplanes \_\_\_\_\_ Total time in all aircraft \_\_\_\_\_  
Actual instrument time \_\_\_\_\_ Simulated Instrument \_\_\_\_\_

Currency: Date of Last BFR \_\_\_\_\_ Hours flown in last 90 days \_\_\_\_\_

Medical: Type of Medical Student First Class Second Class Third Class

Restrictions: \_\_\_\_\_

Date of Last Medical: \_\_\_\_\_ Dr.'s Name: \_\_\_\_\_

Employer: \_\_\_\_\_

School: \_\_\_\_\_

Credit Card: MasterCard Visa American Express

# \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_ CVC# \_\_\_\_\_

Name on Card: \_\_\_\_\_

I affirm that the above information is correct and that I will abide by the rental agreement provided to and signed by me. I also agree that any unpaid charges may be charged to the above credit card according to the rental agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spinks Flight Center, Inc. \_\_\_\_\_ Date \_\_\_\_\_



SPINKS FLIGHT CENTER, INC.

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WWW.SPINKSJET.COM  
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