

New Client Information

Copies of the following are required: Driver's License, Passport and/or Visa, Birth Certificate, Pilot's License, Medical Certificate.

GENERAL INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	
CELL PHONE	E-MAIL	
EMERGENCY CONTACT	EMERGENCY CONTACT PHONE	
DRIVER'S LICENSE	STATE	EXPIRATION DATE MM/DD/YYYY / /
DATE OF BIRTH MM/DD/YYYY / /	COUNTRY OF CITIZENSHIP	

PILOT INFORMATION	
HIGHEST GRADE	<input type="checkbox"/> STU <input type="checkbox"/> REC <input type="checkbox"/> PVT <input type="checkbox"/> COM <input type="checkbox"/> ATP
CERTIFICATE NUMBER	ISSUE DATE MM/DD/YYYY / /
RATINGS AND LIMITATIONS	

MEDICAL INFORMATION	
<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	ISSUE DATE MM/DD/YYYY / /

OFFICE USE ONLY		
Copies must be stapled to client form and filed after entered into system.		CRN NUMBER
DATE ENTERED MM/DD/YYYY / /	BY EMPLOYEE	CFI
REQUIRED ID COPIES <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport / Visa <input type="checkbox"/> Pilot's License <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Photo / Military ID		