LEARN TO FLY!

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NAME_____
First Middle Last

Mailing address_____

_____

Date of Birth_____
Month Day Year

Phone numbers _____home

_____cell

Email address _____

Emergency contact person _____

Home Phone_____

Cell Phone _____

Relationship_____

Have you obtained a medicate certificate/student pilot certificate? ___Yes ___No
Do you have renter's insurance if you are renting a training aircraft? ___Yes ___No

Transportation Security Administration Citizenship Validation Rule

I certify that _____has presented me a U.S. Passport#_____/Birth Certificate establishing that he/she is a U.S. Citizen or national in accordance with 49 CFR 1552.3 (h)

CFI_____No._____Exp Date_____

Today's Date_____