

AIRMAN DATA SHEET

All Customers: Please fill out the following section completely.

NAME	_____	DOB	_____
	Last First MI		MM/DD/YYYY
ADDRESS	_____		
CITY	_____	STATE	_____
		ZIP	_____
PHONE #	_____		
	Home	Business	Cellular
	Pager	E-Mail Address	
EMERGENCY CONTACT:	_____	PHONE #	_____

Student and Certificated Pilots: please fill out the following section completely and keep updated on a regular basis.

FAA Certificates Held	_____	CERT. #'s	_____
RATINGS	_____	DATE Last BFR	_____
DATE Medical Certificate	_____	Medical Class	_____
TOTAL Flight Hours	_____	ASEL	_____
		AMEL	_____
COMPLEX	_____	HIGH PERFORMANCE	_____
		TAIL WHEEL	_____
Have you ever had a license revoked by or had a flight violation filed against you by the Federal Aviation Administration? _____ NO _____ YES: If "YES", explain on back.			
Have you ever been in control of or been an occupant in an aircraft that has been damaged either in flight or taxing? _____ NO _____ YES: If "YES", explain on back.			

Signature	_____	Date	_____
<i>Please ensure that the front desk has your credit card payment information on file before flying, Thank You!</i>			

Western Air Flight Academy
(Division of Western Air Enterprises, Inc.)