

ANGEL FLIGHT, INC.

1515 East 71st Street Suite 312 Tulsa OK 74136

Phone (918) 749-8992

Fax (918) 745-0879



Pilot Information

Pilot General Information

Last Name	<input type="text"/>
First Name	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
FAX	<input type="text"/>
Pager/Cell Phone	<input type="text"/>
E-Mail	<input type="text"/>
DateOfBirth	<input type="text"/>
Pilot Weight	<input type="text"/> lbs
Languages	<input type="text"/>
Info Last Updated	<input type="text"/>

Pilot Experience

Ratings	<input type="text"/>
IFR	<input type="text"/>
Hours	<input type="text"/>
Last Biennial	<input type="text"/>
Last Medical	<input type="text"/>

Pilot Remarks

Emergency Contact

Contact	<input type="text"/>
Phone	<input type="text"/>
Relationship	<input type="text"/>

Aircraft Availability

Aircraft Availabilit	<input type="text"/> Own/Rent/CoPilotOnly
Aircraft Make	<input type="text"/>
Aircraft Model	<input type="text"/>
Type Designator	<input type="text"/>
Aircraft 'N' Numbe	<input type="text"/>
Last Annual	<input type="text"/>
Cargo Weight	<input type="text"/> lbs excluding pilot and fuel
Seats	<input type="text"/>
AirportID	<input type="text"/>
FBO	<input type="text"/>
FBO Phone	<input type="text"/>
FBO Fax	<input type="text"/>

Pilot Availability

Weekdays	<input type="text"/>	As Copilot	<input type="text"/>
Nights	<input type="text"/>	On Call 24 hr	<input type="text"/>
Weekends	<input type="text"/>		

Availability Remarks

I certify that in accepting an Angel Flight, Inc. flight assignment I have all the required FAA Pilot licenses and endorsements. The aircraft will have all proper Airworthiness certificates and inspections will be current. As pilot in command I will abide by all FAA regulations. My medical requirements and biennial flight review will be current in the type, make and model aircraft. If required for the flight, I will be current and proficient for Instrument flight and will be current in the type, make and model aircraft flown. I will maintain aviation liability insurance coverage. If any changes occur I will inform Angel Flight, Inc. before accepting any assignments. I release Angel Flight, Inc. from any liability.

Date: _____

Signature: _____

Note: Please submit a copy of your Pilot License and Current Medical along with this completed form.