

# *Orange County* **FLIGHT CENTER**

## CLIENT INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employe \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Person to notify in case of emergency: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PERSONAL CHECK ACCEPTANCE

In the event my check is returned to Orange County Flight Center from my bank for any reason, a \$10.00 service fee will be charged to my account. I authorize Orange County Flight Center to charge my credit card for services rendered. Major credit card required on file for aircraft rental.

Visa • MC • Disc. • Amex #: \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## PILOT HISTORY

**Certificates currently held:**  
(Select by clicking on each item)

PRIVATE    INSTRUMENT    COMMERCIAL    MULTI    CFI    CFII    MEI    ATP

## FLIGHT TIME

Total flight time \_\_\_\_\_ Flight time last 6 months \_\_\_\_\_ Simulator time \_\_\_\_\_ Multi time \_\_\_\_\_

Date of last flight review \_\_\_\_\_ Date of last medical \_\_\_\_\_

### Copies of:

Pilot certificate     Driver's License     Medical     Flight review     Last page of logbook   
Rental Agreement     Aircraft checkout sheet     High Performance

*Training To Live By.*

