

Orange County **FLIGHT CENTER**

CLIENT INFORMATION

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Cell Phone: _____ Pager: _____ Fax: _____
Employee _____ 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.

