



DRAGONFLY
AVIATION

PILOT DATA SHEET

FULL NAME (F, MI, L): _____ PREF. NAME: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

BIRTHDATE: _____ PILOT'S LICENSE # (renters): _____

RATINGS

- Private
- Commercial
- Instrument _____ hrs simulated & actual
- SEL _____ hrs MEL _____ hrs
- SES MES
- CFI CFII
- ATP

SIGNOFFS

- Tailwheel _____ hrs
- Complex _____ hrs
- High Performance _____ hrs
- High Altitude

TOTAL TIME _____

LAST FLIGHT REVIEW

EMERGENCY CONTACT

NAME & RELATIONSHIP: _____

CELL PHONE: _____ HOME PHONE: _____

AIRCRAFT RENTAL

We require a credit card on file for after hours rentals. You'll be invoiced the next office hours via email, invoices remaining unpaid for two days will be billed automatically to the card on file.

NAME (as it appears on card) _____

CC # _____

EXP _____ CVV _____ BILLING ZIP _____

I _____ (signature) hereby authorize Dragonfly Aviation, LLC to charge the above credit card for any charges incurred by me for Aircraft Rental, Instruction, or Damage. The receipt will be emailed/texted to _____.

HOW DID YOU HEAR ABOUT US? _____