



# ANGEL FLIGHT OF BRITISH COLUMBIA

## PILOT APPLICATION:

### PERSONAL AND FLYING DATA

Please complete and return to: Angel Flight, P.O. Box 2623, Sidney, BC V8L 4C1  
Fax to: Jeff Morris, @ 250.655.0247 OR Email to jbm43@shaw.ca

PERSONAL INFORMATION:			
First Name:	Last Name:	Middle Initial:	Aircraft Registration:
Address (1):		City/Town:	Province: Postal Code:
Home Phone No:	Business Phone No:	Cellular/Pager:	E-mail Address:
Fax No:	Other means of Contact:		
Date of Birth (Optional)	Sex (Optional)	Marital Status (Optional)	Spouse/Partners Name (Optional)
Contact in case of Emergency:			
Name:	Relationship:	Address:	Phone No:
Additional Data Angel Flight Should Be Aware Of:			

<b>AVIATION INFORMATION:</b>					
<b>License Held:</b>					
Certificate #	Private	Commercial	ATP	IFR	Night Rating
Date of Issue	Date of Issue	Date of Issue	Date of Issue	Date of Issue	Date of Issue
Class of Medical Held		Expiry Date of Medical		Restrictions on Medical	
Has your license or medical certificate ever been revoked or suspended? (if yes please explain on a separate sheet)				No	Yes
<b>Log Book Information:</b>					
Day Hours	Night Hours	Multi Hours	IFR Hours	Total Hours	
Hours in last 12 months		Hours in last 3 months		Hours in last 28 days	
<b>Aircraft Information:</b>					
Aircraft Owned/Available for Angel Flight			Angel Flight Considerations		
Insurance details		Expiry Date	Amount of Coverage	Number of seats	
Aircraft Flown			Home Airport		
<b>Mission Availability:</b>					
When are normally available for missions and how much notice do you required?					
Signature: _____ Date: _____					