



SUN 'n FUN FLY-IN, INC., PILOT INFORMATION FORM

Pilot's Name _____

Address _____

Work Number _____ Home Number _____ Cell _____

Email _____ Date of Birth _____

Florida Air Museum Member? YES NO #: _____ EAA Member? YES NO #: _____

FAA Certificate # _____ Date of Last Biennial Flight Review _____

FAA Medical Class _____ Date of Medical _____

Certificate: Private Comm. ATP Instructor

Ratings: Airplane Rotorcraft Glider Seaplane Lighter Than Air

Airplane Class Ratings: SEL MEL

Rotorcraft Class Ratings: Helicopter Gyroplane

Lighter than Air Class Ratings: Airship Free Balloon

Instrument Ratings: Airplane Helicopter

Instructor Ratings: ASEL AMEL Helicopter

Private Aircraft Information:

Aircraft Type: _____

N#: _____ **# of Passengers:** _____

Insurance Company: _____

Coverage per Seat: _____ **Are you a Y/E Pilot:** _____

Total Logged Pilot Hours: _____ **At Date:** _____

Enter breakdown of Logged Pilot in Command hours below (Military and Civilian Combined)	TOTAL IFR Last 12 MONTHS	TOTAL IFR	TOTAL TIME LAST 12 MONTHS	TOTAL TIME LAST 5 Years	TOTAL TIME
AIRPLANE					
Single-Engine Land Fixed Gear					
Single-Engine Land Retractable Gear					
Single-Engine Sea					
Single-Engine Tail wheel					
Multi-Engine Land					
Multi-Engine Sea					
ROTCRAFT-HELICOPTER					
Piston Power					
Turbine Powered					
GLIDER					

I certify the above information to be true and correct to the best of my knowledge. I also agree that it will be my responsibility to inform Sun 'n Fun of any changes relating to my medical class and date, and also of changes in the biennial review.

Pilot's Signature _____ Date _____

Please return to: Sun 'n Fun Fly-In, Inc., Attn: **Laura Vaughn**, 4175 Medulla Road, Lakeland, FL 33811.
 Via fax: 863/646-9651. Questions: 863-904-4003 or 644-2431, ext. 113. Check out our website at www.sun-n-fun.org