

## INFORMATION FOR NEW ACCOUNT

CONTACT INFORMATION  NAME:	PLEASE PROVIDE A <u>USER NAME</u> & <u>Password</u> of Your Choice
ADDRESS:	MUST BE: - 10 CHARACTERS OR LESS
	- ALL LOWERCASE
HOME PHONE:	USER NAME:
CELL PHONE:	DACCIAIODD.
E-MAIL:	PASSWORD:
BIRTHDATE:	N. C. DEFOREMON START
DRIVER'S LICENSE:	NEW STUDENTS BEFORE YOU START:
SSN:	STEP 1: MEDICAL CERTIFICATE/STUDENT
EMERGENCY INFORMATION	<u>Pilot Certificate</u> from an AME (Same document for student pilots)
CONTACT:	Local recommendation:
PHONE NUMBER:	Jagdish Patel, MD
ADDRESS	(209) 832-8984
ADDRESS	CTED 2 DROOF OF H.C. CITIZENSUID
EMPLOYER INFORMATION	STEP 2: Proof of U.S. CITIZENSHIP: Passport, Birth Certificate & Driver's License, or TSA Background Check.
OCCUPATION:	STEP 3: FILL OUT INFORMATION SHEET
EMPLOYER NAME:	including User Name & Password.
EMPLOYER ADDRESS:	STEP 4: CONTACT THE CHIEF FLIGHT
WORK PHONE:	INSTRUCTOR FOR <u>CFI ASSIGNMENT</u> .
PILOT INFORMATION/ TO BE COPIED	STEP 5: PURCHASE <u>BOOK PACKAGE</u>
CERTIFICATION:	STEP 6: SIGN-UP FOR GROUND SCHOOL
NUMBER:	
DATE ISSUED:	RENTERS NEED PLEASE BRING IN:
FLIGHT REVIEW DATE:	1) Medical Certificate
RATINGS:	2) PILOT LICENSE
AUTHORIZATIONS/ ENDORSEMENTS:	3) LOGBOOK (REVIEWS, FLIGHT TIME: TOTAL, COMPLEX, MULTI. ENGINE, ETC.)
	4) Sign rental Agreement
MEDICAL CERTIFICATE DATE ISSUED:	5) Aircraft Familiarization sheet