

THE FLIGHT SCHOOL OF GWINNETT, INC.

APPLICANT INFORMATION

TFS Account Number _____

Date _____

Initial record

Change record

Name			
Address		City	State
		Zip	
Home Phone		Work Phone Cell phone	E-mail
Country of birth:		Proof of U.S. citizenship attached _____ U.S. passport _____ Naturalization _____ Not U.S. citizen _____	Current visa type _____ TSA background check required _____ TSA contacted on _____

Pilot Data

Certificate Type Student Private Commercial ATP				Ratings Instrument Multi Engine		Date Issued	
Certificate number			Restrictions				
Medical Certificate I II III		Date Issued		Medical Certificate Restrictions			
Last BFR Date		Driver's License Number			Issuing State		Age
Total Time	SEL	MEL	Complex/HP	Cross country	Night	Instrument	

Credit Card Data

<i>TFS must have a credit card number and signature on file. Otherwise, a deposit that is estimated to cover the cost of the services is required.</i>			
Credit Card Number		<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	Expires
Name as it appears on card			
Unless I have made other arrangements, I authorize The Flight School Of Gwinnett, Inc. to debit the above credit card account for any balance incurred due to late arrivals, night flights, after hours purchases, instruction, rental, or for any no-show or cancellation as defined in the attached <i>Rental Policies and Safety Procedures</i> .			
Authorization Signature _____			Date _____

I have received a copy of The Flight School's *RENTAL POLICIES AND SAFETY PROCEDURES* as revised 08/26/10. I agree to become familiar with this publication prior to my first rental or lesson. I further assure The Flight School that I will remain in compliance with each policy and procedure contained within.

RENTER /STUDENT SIGNATURE

DATE

ACCEPTED BY TFS