

Colorado Flight Center
Customer Data Form

Name: Last, First Middle
Home Address
Street:
City, State, Zip:
Home Telephone Number:
Mobile Phone Number:
E-Mail Address:
Work Address
Street:
City, State, Zip:
Work Telephone Number:
E-Mail Address:
Emergency Contact Information
Name:
Phone Number:
Address:
Insurance Information
Are you flying under a waiver?
Have you ever had your FAA or DOT certificate suspended or revoked?
Have you ever had an aircraft accident, incident, or violation?
Has any aviation insurance company cancelled, declined, or refused you insurance?
Have you ever been convicted or pleaded guilty of a charge or reckless driving or driving under the influence of alcohol or drugs?
Has your driver's license ever been suspended or revoked?
Have you ever been convicted or are you under indictment in a legal action involving drugs or narcotics?
Have you ever been convicted of a felony?

Attach copies of

Pilot Certificate (Front and Back)
Medical Certificate
Government Issued Identification
Proof of Citizenship