

Aces High Aviation Pilot Information

Last Name		Certificate #	
First Name		Ratings Held (Circle)	Student Private IFR Com. SEL
Address			Com. MEL CFI CFII MEI ATP
City	ST ZIP	Total Time	_____ SEL _____ MEL
Date of Birth		Instrument Time	_____ _____ Complex
Drivers L #		Date of flight review	
		Last IPC	
Primary Phone #		Medical Expiration Date	
Alternate Phone			
Employer Name		Checkouts	(Instructor sign/date appropriate)
Employer Phone		C152	
Email Address		C172	
		Turbo Lance	
Emergency Contact		Mooney	
Name		Simulator	
Phone #		Catalina (12 Months)	
Address		Big Bear (12 Months)	

Credit Card on File Agreement (required)

I _____,
 give Aces High Aviation permission to keep my current credit card information on file and charge any unpaid balances to my card when necessary. I understand that this can be done at the discretion of Aces High to settle any outstanding balances owed.

Card Type		Card Expiration	
CC #		3 Digit Security Code	
Name on Card		Signature of Cardholder	