

PERSONAL INFORMATION
GROB 109 Rental

Name _____ Phone (HO) _____

Address _____ Phone (WK) _____

_____ Cell _____

E-mail Address _____ Fax _____

Certificates - Please check the appropriate FAA Certificates now held.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Private Pilot | <input type="checkbox"/> CFI |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> CFII |
| <input type="checkbox"/> ATP | <input type="checkbox"/> CFIG |
| <input type="checkbox"/> Basic Ground Instructor | <input type="checkbox"/> MEI |
| <input type="checkbox"/> Instrument Ground Instructor | <input type="checkbox"/> MEII |
| <input type="checkbox"/> Advanced Ground Instructor | <input type="checkbox"/> OTHER _____ |

Ratings - Please check the appropriate FAA ratings now held.

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Glider | <input type="checkbox"/> SES |
| <input type="checkbox"/> Instrument | <input type="checkbox"/> MES |
| <input type="checkbox"/> Multi-Engine | <input type="checkbox"/> Rotorcraft |
| <input type="checkbox"/> SEL | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> MEL | |

Glider Pilots – Please check type of “Launch Procedure”, logbook endorsements now held

- Aero Tow
- Ground Launch
- Self Launch

Copies – We will need copies of the following:

- Drivers License
- FAA Glider Pilots License
- GROB 109 Logbook Endorsement, showing 10 flights with instructor in make/model
- 15 Flight Requirement in make and model
- Medical Certificate, enter date here _____
- Last Biennial Flight Review (BFR) Enter Date Here _____

Total Hours: Glider _____ Power _____ Motorglider _____

Questions –

1. Have you flown an aircraft within the past 90 days? Yes No If yes, enter the date here.

2. How much flight time do you have in a tail-wheeled aircraft? What aircraft? _____

3. As pilot in command have you been found guilty of any Federal Air Regulations violations? Please explain. _____

4. Describe any aircraft incident/accident (with dates and locations) that you were involved in as pilot within the last 10 years. _____

5. Have you ever had any suspensions or revocation of your pilot's certificate or driver's license? Please explain. _____

6. Have you read the GROB 109A Flight Manual? _____

7. Have you been under a Doctor's care for physical or mental disorder within the last three years? Yes No If yes, explain. _____

By signing below, I attest that to the best of my knowledge the above information is correct and complete and that I have no impairment or other reasons which would preclude me from piloting an aircraft.

Signature _____

Date _____

Credit Card Information – *If you would like to have a credit card on record, please provide the following:*

- VISA
- MasterCard
- American Express
- Discover
- Other _____

Name, as it appears on the card _____

Account Number _____ Expiration Date _____