

Rental Checkout Questioner

Name:

Address:

What is your total flight time? _____ Hours

What is your total flight time in the past 12 months? _____ Hours

What is your total flight time in a

→ PA-28-140: _____ Hours

→ PA-28R-180: _____ Hours

What pilot licenses & ratings do you hold?

Do you hold a valid FAA Medical Certificate?

Do you have a current flight review?

Have you ever had an OUI (*operating a motor vehicle under the influence*)?

Have you ever be involved in an accident or incident? No | Yes

(if yes explain below, include NTSB report #)

Have you ever had an FAA enforcement action against you? No | Yes

(if yes explain below, include FAA report #)

If you are a commercial pilot, have you ever been terminated from a flying job? If yes, explain.

By signing below, I affirm that all of these statements are truthful and correct.

Signature

Date