



Flying Samaritans®

SAMARITANOS VOLADORES

Mother Lode Chapter · P.O. Box 686 · Fair Oaks, CA 95628-0686 (916) 551-1212

**AIRCRAFT CERTIFICATION
FOR CALENDAR YEAR 2004**

Personal:

Name: _____
Address: _____ City _____ Zip _____
Phone (Home) _____ (Work) _____ (Fax) _____
Email address: _____

Airplane:

A/C year _____
Make and model of aircraft _____
Registration: N _____
Based at _____
Number of seats available for passengers _____
Own Rent
TTSN _____
Annual Due _____

Insurance:

U.S. Liability Insurance Carrier _____ Expires _____
Seat Limit: \$ _____ Total Limit: \$ _____
Property: \$ _____ Med: \$ _____

Mexican Liability Insurance Carrier _____ Expires _____
Seat Limit: \$ _____ Total Limit: \$ _____
Property: \$ _____ Med: \$ _____

Please attach:

- Copy of current annual inspection as recorded in aircraft logbook
- Copy of aircraft IFR certification
- Proof of U.S. liability insurance coverage
- Proof of Mexico liability insurance coverage (as available)

Pilot's Signature _____ Date _____