



*Flying Samaritans*®

SAMARITANOS VOLADORES

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

**PILOT APPLICATION  
FOR CALENDAR YEAR 2004**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Person to notify in an emergency \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Pilot Certificate: Type \_\_\_\_\_ No. \_\_\_\_\_ Date Issued \_\_\_\_\_  
 IFR rating? \_\_\_\_\_ Other Rating(s) \_\_\_\_\_  
 Medical Class \_\_\_\_\_ Expires \_\_\_\_\_ Limitations \_\_\_\_\_  
 Date of most recent BFR or check ride \_\_\_\_\_ Expires \_\_\_\_\_

If you answer yes to either of these questions, please explain on a separate sheet.

Have you ever had been involved in an a/c accident or incident as pilot or crew member? \_\_\_\_\_

Have you ever had a/c insurance denied? \_\_\_\_\_ or revoked? \_\_\_\_\_

			INSTRUMENT			
PILOT EXPERIENCE	SEL	MEL	ACTUAL	OTHER	NIGHT	X-COUNTRY
TOTAL HOURS						
HOURS LAST 12 MONTHS						

Please attach (if not previously provided or already on file) :

- Signed Pilot Operating Agreement
- Copy of FAA pilot license showing instrument rating
- Copy of latest BFR or check ride showing date and examiner sign off
- Copy of logbook showing most recent flight hour total
- Copy of medical certificate
- Signed Release of Liability

Pilot's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Mother Lode Chapter Board Approval :

Date \_\_\_\_\_