



Flying Samaritans®

SAMARITANOS VOLADORES

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

PILOT OPERATING AGREEMENT

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

I agree to the following regarding any and all flights sponsored by Flying Samaritans, Mother Lode Chapter:

1. To notify the pilot coordinator of any substantial changes provide in the pilot application.
2. To maintain my pilot / airman proficiency and any special knowledge or skills appropriate to the mission flown. To maintain the airworthiness of aircraft flown by me in accordance with FAA regulations. I have provided Flying Samaritans, Mother Lode Chapter with photocopies of my airman's certificate, medical certificate, pilot's licenses, copy of page in pilot's log book of most recent flight review endorsement, and copy of aircraft log book indicating most recent annual inspection and IFR certification, prior to my commencing flying with Flying Samaritans, Mother Lode Chapter, and each year thereafter, and whenever any of the above documents have changed.
3. To maintain a minimum aircraft liability insurance coverage per accident of \$1,000,000 on the aircraft of which I am pilot in command (U.S. underwriter), and appropriate liability insurance for Mexican aircraft operations (with a Mexican insurance underwriter). I agree to provide Flying Samaritans, Mother Lode Chapter with photocopies of the face sheet of both my U.S. and Mexican insurance policies prior to my commencing flying with Flying Samaritans, Mother Lode Chapter, and each year thereafter, and whenever there are any changes in my insurance policies.
4. I understand that Flying Samaritans, Mother Lode Chapter requires a newly completed and signed Pilot Application each year, and I agree to provide Flying Samaritans, Mother Lode Chapter with this document prior to my commencement of flying with Flying Samaritans, Mother Lode Chapter. I understand that these rules will be rigorously enforced by Flying Samaritans, Mother Lode Chapter and that, if I have not provided the documents and information required and requested by Flying Samaritans, Mother Lode Chapter, I will be ineligible to fly on a Flying Samaritans, Mother Lode Chapter mission.

I declare under penalty of perjury under the laws of the State of California that the information I have provided here is true to the best of my knowledge and belief, and that I understand and agree with the terms of the Pilot Operating Agreement listed above and the Regulations and Practices for Flying Samaritans, Mother Lode Chapter Volunteers, a document consisting of four pages, a copy of which I have received.

Pilot's Signature _____ Date _____