



Let's Fly Now PILOT DATA SHEET



AS A PILOT PARTICIPATING IN THE LET'S FLY NOW PROGRAM, PLEASE PROVIDE THE FOLLOWING PILOT AND AIRCRAFT INFORMATION.

1. NAME OF PILOT (PLEASE PRINT) _____

2. PILOT CERTIFICATE NUMBER _____

3. WHEN DOES YOUR MEDICAL EXPIRE? (IF APPLICABLE) _____ BASIC MED? ____ YES

4. TYPE OF AIRCRAFT YOU WILL BE FLYING _____
Month Year
N Number: _____

5. HOW MANY PASSENGERS CAN YOU TAKE?

Number of Passengers

6. DATE OF YOUR AIRCRAFT'S LAST ANNUAL

Month Year

7. EXPIRATION DATE OF LIABILITY INSURANCE COVERAGE

Month Year

8. DATE OF LAST FLIGHT REVIEW

Month Year

PLEASE REVIEW THE NINETY-NINES PROGRAM OVERVIEW AND SIGN THE ACKNOWLEDGEMENT BELOW. PROVIDE COPIES OF PILOT CERTIFICATE, CURRENT MEDICAL AND CERTIFICATE OF INSURANCE TO THE NINETY-NINES, INC. via the *Let's Fly Now!* Coordinator listed below.

Your Address

Your E-Mail Address

City State Zip

Best Phone Number to Reach You

I CERTIFY THAT I MEET THE GUIDELINES FOR PARTICIPATION IN THE LET'S FLY NOW PROGRAM; I HOLD A PILOT CERTIFICATE AND VALID MEDICAL (IF APPLICABLE); I AM CURRENT IN THE AIRCRAFT I WILL FLY AND HAVE A CURRENT FLIGHT REVIEW.

PILOT SIGNATURE

DATE

PLEASE RETURN TO:
LET'S FLY NOW! FLIGHT COORDINATOR

NAME _____

Email _____

Phone number _____