

Wright Aviation Services LLC

Client Information Packet

Wright Aviation Services, LLC

Welcome...

We value your business and aim to provide you with the best value in flight instruction. Our business is built on the premise that quality is what counts. We seek to provide you with exceptionally qualified, highly experienced professional flight educators throughout your experience with us.

Our mission is to provide you with the most comprehensive and thorough training while tailoring each program to your individual needs, experience level, flight profile and time schedule.

To that end, we need to forge a partnership with you. By working together, we can manage these issues to your maximum benefit. Like everything else in aviation, safety is everyone's business. It touches virtually every aspect of what we do and is something that can never be compromised. Safety is the foundation upon which our relationship must be built and maintained.

Relationships like this are based on integrity combined with open, honest communication. We partner with our clients, the Federal Aviation Administration, the aircraft manufacturers, local law enforcement, and the people who live in the communities surrounding our operations protect our freedom to fly.

This document represents the complete official customer record we need to help us meet our obligations to operate Wright Aviation Services. Whether you are coming to us as a new client seeking to learn to fly or as an experienced pilot seeking top quality personal instruction and mentoring, there are common requirements that define our relationship and help ensure your success.

We carefully protect your records. We need your cooperation to do that. We promise to use this information exclusively for internal purposes. We will not to disclose any of your personal information to anyone outside Wright Aviation Services or its subsidiaries for any reason other than processing credit card charges. Release of your information to FAA or NTSB would be done to the extent required by law and in compliance with such requirements.

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BACKGROUND INFORMATION

Last Name:

First Name:

Middle Name:

Current Mailing Address:					
City:		State:	Zip Code:	Country:	
Home Phone: ()- -		Mobile Phone: ()- -		Business Phone: ()- -	
Email:		Email:			
Citizenship:		Identification:		ID Number:	

Flight Experience Information

PILOT CERTIFICATES: <input type="checkbox"/> ATP <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> STUDENT <input type="checkbox"/> INSTRUCTOR					
RATINGS: <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> AMEL <input type="checkbox"/> IFR					
TYPE RATINGS:					
FAA CERTIFICATE NUMBER:		FAA MEDICAL CLASS:		DATE:	
WAIVERS OR LIMITATIONS:					
FLIGHT PROFICIENCY:					
MOST RECENT FLIGHT REVIEW:		DATE:	TYPE AIRCRAFT USED:		
OTHER PROFICIENCY CHECK (IF APPLICABLE):		DATE:	TYPE AIRCRAFT USED:		
RECENT FORMAL TRAINING:					
NAME OF FACILITY:					
DATE:		TYPE AIRCRAFT USED:			
COURSE: <input type="checkbox"/> GROUND SCHOOL <input type="checkbox"/> SIMULATOR <input type="checkbox"/> FLIGHT REFRESHER					
RECENT FLIGHT EXPERIENCE		NUMBER OF LOGGED			
		LAST 90 DAYS	LAST 12 MONTHS	NEXT 12 MONTHS	
ACFT Make & Model					

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CONFIDENTIAL INFORMATION REQUIRED SUPPLEMENTARY DOCUMENTS:

<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Name:</i>
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Confidential Personal History

1) Have you had, or been involved in, any aircraft accidents?	Yes	No
2) Have you had any violations of Federal Air Regulations?	Yes	No
3) Has your auto driver's license ever been suspended or revoked?	Yes	No
4) Have you ever been convicted of operating a motor vehicle under the influence of alcohol or drugs?	Yes	No
5) Have you had any auto accidents within the last five years?	Yes	No

Please provide legible copies of the following documents. You are welcome to use our copy machine. We would be happy to assist you.

Drivers License (or government issued photo identification-Passport is preferred.)

Pilot Certificate

Medical Certificate

Proof of Citizenship (US or Other):

Passport

Wright Aviation Services, LLC

21320 N 56th Street - Suite 2153

Phoenix, AZ 85054

Mobile: 480-203-0599

The undersigned hereby acknowledges that I am the lawful holder of the account described below and authorizes Wright Aviation Services, LLC to debit my account as indicated on my WAF form.

Account Holder Name:	
Account Number:	V-Code:
Account Expiration Date:	
Account Holder's Signature:	Date:
Billing address:	Billing ZipCode:

Photocopy both sides of credit card in space below: