

**TEXAS STATE AVIATION
PILOT INFORMATION SHEET**

INSTRUCTOR NAME: _____ DATE: _____

How did you hear about Texas State Aviation? _____

If applicable: TSU ID#: _____ ACC ID#: _____

If applicable – owned aircraft info: Aircraft N#: _____ Hangar #: _____

LAST NAME: _____ FIRST: _____ M.I: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (____) _____ EVENING PHONE: (____) _____

MOBILE PHONE: (____) _____ EMAIL: _____

DRIVERS LICENSE: STATE ____ # _____ SOCIAL SECURITY # ____ - ____ - ____
(Optional)

PILOT CERTIFICATE # _____ CERTIFICATES & RATINGS HELD: _____

MEDICAL CLASS: _____ DATE ISSUED: _____

TOTAL TIME: _____ INSTRUMENT TIME: _____ COMPLEX TIME: _____

MULTI-ENGINE TIME: _____ TOTAL TIME IN THE PAST 90 DAYS: _____

LAST FLIGHT REVIEW: _____ **LAST INSTR. PROF. CHECK:** _____

AIRCRAFT FLOWN:	TOTAL HOURS	PAST 90 DAYS	LAST CHECKOUT
- DA20C1	_____	_____	_____
- C172P	_____	_____	_____
- C172R-180	_____	_____	_____
- Piper PA28R-180	_____	_____	_____
- Columbia 350	_____	_____	_____
- Citabria	_____	_____	_____
- _____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (____) _____ EVENING PHONE: (____) _____