



Pilot Application Form

CAIR Flight, 6582 Eureka Springs Rd, Ste. 125B, Tampa, FL 33610
 813-864-4860 • Fax: 813-864-4739

PLEASE PRINT OR TYPE CLEARLY (at least one Email address is required)		
First, Middle, Last Name	Day	
Addr:	Fax:	
Addr:	Cell:	
City, State, Zip:	Eve:	
Company	Title:	Email:
Addr:	Email	
City, State, Zip:	Date of Birth	Spouse:

PILOT & AIRCRAFT INFORMATION		Cert #	Ratings:	PIC Hrs:
Aircraft:Year	Make	FAA Type	Flt Plan KTAS:	IFR: <input type="checkbox"/> Yes <input type="checkbox"/> No
Est hourly Cost:	Base:	FBO	Phone	
Number of Flight Hours willing to Donate per year:	<input type="checkbox"/> <10	<input type="checkbox"/> 10-30	<input type="checkbox"/> >30	
Length of Flight will to fly:	Minimum	Maximum		
Availability	<input type="checkbox"/> Normal Bus. Hrs.	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Other
Pilot Stats:	<input type="checkbox"/> IFR	<input type="checkbox"/> COMM	<input type="checkbox"/> ATP	<input type="checkbox"/> ME <input type="checkbox"/> CFI
Aircraft N Number:				

CERTIFICATION: A copy of the Declaration Page of your aircraft insurance must be mailed or faxed to us.

I understand and agree that by accepting or flying any referred mission, I am neither an employee nor agent of CAIR FLIGHT INC and serve solely as a volunteer. I understand and agree that as Pilot-In-Command, I am fully responsible for each mission I fly and insuring that my pilot status and aircraft flown meet all current applicable federal aviation requirements. I also agree to maintain liability insurance as pilot and for the aircraft used on each mission. I also agree that a Complete Waiver of Liability Form covering all passengers will be signed for each mission prior to flight. I AGREE TO INDEMNIFY AND HOLD HARMLESS CAIR FLIGHT INC., ITS AGENTS OR ASSIGNS, AGAINST ANY AND ALL CLAIMS THAT MAY ARISE FROM MY FAILURE TO COMPLY WITH THE ABOVE CERTIFICATION.

I agree to notify CAIR Flight, Inc. of any changes within five (5) days to this application that occur between the date I signed and the date of my annual re-certification.

Signature: _____ Date: _____