

Galion Air Inc. Rental Request

This form constitutes a formal request to fly Galion Air Inc. aircraft

APPLICANT INFORMATION: (please print legibly)

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DOB: _____ D/L NO: _____

EMERGENCY CONTACT

1st, NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

2nd, NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

EMPLOYER INFORMATION (If employed)

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PILOT INFORMATION

ARE YOU A STUDENT PILOT: YES NO

FLYING HOURS/TOTAL: _____

LAST 6 MONTHS: _____

CERTIFICATES HELD: _____ RATINGS: _____

ENDORSEMENTS: _____

MEDICAL DUE: _____ FLIGHT REVIEW DUE: _____

HOW MANY HOURS DO YOU ANTICIPATE FLYING IN THE NEXT YEAR? _____

DATE OF MOST RECENT FLIGHT: _____

Have you been (check all that apply):

In any aircraft accidents or incidents _____ Y _____ N

Charged with violation of FAA regulations _____ Y _____ N

Any drug or alcohol law violations in the past 3 years? _____ Y _____ N

If you answered 'Yes' to any of the above questions please further explain below:

Please include copies of driver's license, and current medical and pilot certificates with this application. Prior to signing the Renters Agreement you will be asked to provide evidence of renters insurance so we can have it on file.

I understand that the Galion Air Inc. Board of Directors determine my acceptance as a shareholder or a renter pilot of Galion Air Inc. If I am accepted, I agree to adhere to the procedures and regulations as outlined in Galion Air Inc. Code of Regulations, Policies and Procedures, Rental Agreement, and decisions set forth by the Board of Directors.

Applicant Signature: _____ Date: _____

BOARD APPROVAL YES NO

APPLICATION RECEIVED: _____

DATE APPROVED: _____