

Effective Date 2/1/2009

Jacobs Flight Services, LLC
3200 Airglades Blvd
Clewiston, FL 33440
(863) 677-0385

Client Information

Name: _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____) _____ Fax (____) _____

Employer: _____ Occupation: _____

Employer's Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License # _____ Issuing State: _____

Email= _____

How did you find t us? _____ Google _____ Super pages _____ Yahoo _____ Other _____

Person to notify in cae of emergency: _____

Telephone Number (____) _____

Relationship _____

Address: _____

City: _____ State: _____ Zip Code: _____

Personal Check Acceptance

In the event my check is returned to Jacobs Flight Services, LLC for any reason, a \$20.00 service fee will be charged to my account. I authorize Jacobs Flight Services, LLC to charge my credit card for services rendered. Major credit card required on file for aircraft rental.

Signature _____

PILOT HISTORY

Certificates currently held: (please circle)

PRIVATE INSTRUMENT COMMERCIAL MULTI CFI CFII MEI ATP

FLIGHT TIME

Total flight time _____ Flight time last 6 months _____ Smulator time _____ Multi time _____

Date of last flight review _____ Date of last medical _____

WE ARE REQUIRED BY TSA TO HAVE COPIES OF:

Pilot certificate ___ Driver's License _____ Medical _____ Flight review _____ Last page of logbook _____

Rental Agreement _____ Aircraft checkout sheet _____ High Performance _____ Birth certificate or passport _____

Signed _____

Dated _____