

# MERCY MED+FLIGHT

## PILOT APPLICATION

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SSN \_\_\_\_\_

AVAILABILITY TO FLY/WORK (days/month) : \_\_\_\_\_

OTHER VOLUNTEER AREAS: \_\_\_\_\_  
\_\_\_\_\_

FAA CERTIFICATE # \_\_\_\_\_

RATINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAST PHYSICAL AND CLASS: \_\_\_\_\_

TOTAL PILOT TIME: \_\_\_\_\_ PIC TIME: \_\_\_\_\_

MULTIENGINE JET or TURBOPROP:

MULTIENGINE RECIP:

Airplane

PIC Hrs.

Airplane

PIC Hrs.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTRUMENT HOURS: Actual \_\_\_\_\_ Simulated \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HOW DID YOU LEARN OF **MERCY MED+FLIGHT**? \_\_\_\_\_  
\_\_\_\_\_

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