

AIRCRAFT RENTAL DISPATCH FORM

AIRCRAFT INFORMATION

AIRCRAFT N# _____ ANNUAL DATE _____

100 HOUR DUE AT TACH TIME _____ CURRENT TACH TIME _____

ARE ALL AIRCRAFT INSPECTIONS CURRENT YES NO

PILOT INFORMATION

PILOT NAME _____ INSTRUCTOR _____

CERTIFICATE # AND TYPE _____

IS CERTIFICATE IN PILOTS PHYSICAL POSSESSION YES NO

MEDICAL 1st 2nd 3rd DATE OF MEDICAL _____

IS MEDICAL IN PILOTS PHYSICAL POSSESSION YES NO

PHOTO ID TYPE AND NUMBER _____

IS PHOTO ID IN PILOTS PHYSICAL POSSESSION YES NO

RENTAL AGREEMENT DATE _____

IS A COPY IN PILOTS PHYSICAL POSSESSION YES NO

FILL OUT NEW AGREEMENT IF NEEDED AND LEAVE IN OFFICE

EMERGENCY CONTACT

NAME _____ PHONE # _____

FLIGHT PLAN

DATE _____ TIME _____

IFR VFR IS A FLIGHT PLAN FILED YES NO

ROUTE OF FLIGHT _____

ESTIMATED DATE & TIME OF RETURN _____

LIST PASSENGERS BELOW AND EMERGENCY CONTACT FOR EACH

PASSENGER #1 _____

PASSENGER #2 _____

PASSENGER #3 _____

This form must be completed before flight. Use of aircraft, without completion of this form, is unauthorized and will not be covered by Spencer Aviation Inc insurance.

Signed _____ Date _____

Method of payment: Cash Check Credit Card Prepaid Account