

Colorado Flight Center  
Customer Data Form

Name: Last, First Middle
<b>Home Address</b>
Street:
City, State, Zip:
Home Phone Number:
Mobile Phone Number:
E-Mail Address: ( would you like to receive our monthly newsletter? yes / no ):
<b>Work Address</b>
Street:
City, State, Zip:
Work Phone Number:
E-Mail Address:
<b>Emergency Contact Information</b>
Name:
Phone Number:
Address:
<b>Insurance Information</b>
Are you flying under a waiver?
Have you ever had your FAA or DOT certificate suspended or revoked?
Have you ever had an aircraft accident, incident, or violation?
Has any aviation insurance company cancelled, declined, or refused you insurance?
Have you ever been convicted or pleaded guilty of a charge or reckless driving or driving under the influence of alcohol or drugs?
Has your driver's license ever been suspended or revoked?
Have you ever been convicted or are you under indictment in a legal action involving drugs or narcotics?
Have you ever been convicted of a felony?

Attach copies of:  
Pilot Certificate (front and back)  
Student Pilot / Medical Certificate  
Government Issued ID and Proof of Citizenship