

Flying 20 Club — Flight Instructor Authorization Form

Flight Instructor Personal Data

Name _____ Date of Birth _____

Address _____

Home Telephone _____ Work phone _____

Employer (Optional) _____ Title/Position _____

E-Mail Address _____

Flight Instructor CFI Data

Airman's Certificate Number and Date Issued _____

CFI Number and Expiration Date _____ Medical Expiration Date _____

Pilot In Command Total Time _____ Type Ratings Held _____

Types of Aircraft Authorized to Instruct _____

Past 12 Months Instruction Piston, Single Engine Aircraft, Hours _____

Has your certificate ever been suspended or revoked? If so, please explain on reverse side.

Please list the types of aircraft you are authorized to fly as pilot-in-command supported by logbook endorsements:

Name of Flying 20 pilot receiving instruction from this CFI: _____

The CFI must be familiar with the following Club procedures and train on them when instructing Club members:

Procedure: _____ *Date:* _____ *Instructor Initials:* _____ *Flying 20 Officer Initials:* _____

Aircraft Radio Operations _____

Flying 20 Squawk Reports _____

I hereby certify that the information furnished in this application is true and accurate, and authorize the officers of the Flying 20 Club, Inc. to verify the information submitted. Upon acceptance, I agree to abide by all Club rules.

Signature of CFI: _____ Date _____

Signature of Authorizing Flying 20 Officer: _____ Date _____

***NOTE: CFI please attach copy of Airman Certificate and Current Medical Card
Send completed form to Flying 20 Club Safety Officer***