

*White Cloud Aviation (WCA)*

RENTAL PILOT RECORD

NAME: \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

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

DRIVER'S LICENCE # \_\_\_\_\_ S.S. # \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

PILOT CERTIFICATE # \_\_\_\_\_

STUDENT \_\_\_\_\_ PRIVATE \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ ATP \_\_\_\_\_ CFI \_\_\_\_\_ INSTRUMENT \_\_\_\_\_

LIMITATIONS: \_\_\_\_\_

BIENNIAL FLIGHT REVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL: CLASS \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

LIMITATIONS: \_\_\_\_\_

EVER INVOLVED IN ANY INCIDENT/ACCIDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE DETAILS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL FLIGHT TIME: \_\_\_\_\_ PIC: \_\_\_\_\_ NIGHT: \_\_\_\_\_

INSTRUMENT: ME: \_\_\_\_\_ SE: \_\_\_\_\_

RETRACTABLE: \_\_\_\_\_

OTHER: \_\_\_\_\_

**A COPY OF PILOTS LICENSE, MEDICAL CERTIFICATE, BIENNIAL FLIGHT REVIEW, LOGBOOK  
ENDORSEMENT AND AIRCRAFT RENTAL AGREEMENT, DRIVERS LICENSE AND /OR PASSPORT **MUST BE  
ATTACHED.****

CHECKOUT RECORD

DATE A/C TIME IN TYPE CHECK PILOT RESTRICTIONS

\_\_\_\_\_  
\_\_\_\_\_