

Pilot Information and Agreement Form

Last Name		First Name		M.I.
Home Address		City	State	Zip
Phone	Email		Date of Birth	
WSU ID #	Year in School	Major	Expected Graduation Date	

Account Information

Account Type:	<input type="checkbox"/> Standard	<input type="checkbox"/> Student	<input type="checkbox"/> Active Military	<input type="checkbox"/> GPA Instructor	<input type="checkbox"/> EAA Chapter 88
Have you previously rented aircraft or received flight instruction from GPA? <input type="checkbox"/> No <input type="checkbox"/> Yes (List date of last service received: __/__/__)					
If you answered Yes, has your account ever been suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes (List Dates)					

Emergency Contact Information

Name	Address	Phone	Relationship
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Pilot Information

Pilot Certificate Number	Date Issued	Type: <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP Ratings: <input type="checkbox"/> Instrument <input type="checkbox"/> Multi <input type="checkbox"/> Glider <input type="checkbox"/> Other
Instructor Certificate Number	Date Issued	Type: <input type="checkbox"/> Ground <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI <input type="checkbox"/> Other
Date of Birth	Date of Last Medical	Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Do you have any physical limitations which will require a waiver or limitation on your medical certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe Below:)

Flight Time and Aeronautical Experience

Total Flight Time: _____

Date of Last Flight Review: __/__/__

Category & Class	Make and Model	Complex	Tail Wheel	Approximate Hours	Date of Last Flight
ASEL	Cessna 172	No	No		
ASEL	Cherokee PA28-140	No	No		

Do you have any prior FAA Violations, DUIs or have you ever been involved in an aircraft accident or incident? No Yes
If Yes, please describe:

By signing this document I agree to the terms and conditions set forth in the GPA Operations Manual and Rental Agreement. I understand that permission to rent and utilize GPA equipment or receive flight training is contingent upon my full compliance with GPA rules and regulations as well as all pertaining state and federal regulations.

Signature:	X _____	Date:	_____
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For DOO Use Only:

Pilot Information Form Credit Authorization Membership Fee TSA Approval (if required)

Account # _____ Account Setup Date: __/__/__

Account Status: Active (Good Standing) Probationary Terminated (Date: __/__/__)

Director of Operations Signature _____

Automatic Credit Card Billing Authorization

All GPA account holders are required to provide a valid credit card for automatic billing. Account holders are responsible to provide updated credit card information should the payment method on file no longer be valid. "Square, Inc." will process all automatic charges. Account holders will be invoiced and the credit card on file will be automatically charged according to the Rental Agreement.

<i>Name as Displayed on Card</i>	<i>Credit Card Number</i>		
<i>Billing Address</i>	<i>City, ST</i>	<i>Zip</i>	
	<i>Expiration Date</i>	<i>CVV Code</i>	
<i>I certify that I am the authorized credit card account holder named below and I hereby authorize Great Planes Aviation to automatically bill the card listed below for payment of services.</i>			
<i>Cardholder's Signature:</i>	X _____	<i>Date:</i>	_____

Late Fee Policy Agreement

I understand that if my account is not paid in accordance to the Rental Agreement I authorize Great Planes Aviation to automatically charge my account at the amount due and applicable late fees set forth in the Rental Agreement.

<i>Signature:</i>	X _____	<i>Date:</i>	_____
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