

## Wells Aircraft Pilot/Customer Information

Name \_\_\_\_\_  
(Last, Mi, First)

Address (mailing) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address (alternate) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card info. # \_\_\_\_\_ Exp: \_\_\_\_\_ CCV \_\_\_\_\_

Drivers license no. \_\_\_\_\_ State \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **ph.** \_\_\_\_\_

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### Pilot Information

Date of Birth \_\_\_\_\_

Certificate number \_\_\_\_\_

Certificate date issue \_\_\_\_\_

Medical class \_\_\_\_\_

Medical date \_\_\_\_\_

Flight review date \_\_\_\_\_

Ratings held:

- Student
- Private
- Commercial
- Multi engine
- ATP
  
- Instrument
- CFI
- CFII