

Wells Aircraft Pilot Information

Name: _____
(Last, First Mi.)

Billing Name*: _____
(*If different from account name)

Address (mailing): _____

Phone No. Home: _____

Cell: _____

Email: _____

Credit Card info. # _____ Exp: _____ CCV _____

Drivers license no. _____ State _____

EMERGENCY CONTACT: _____

Emergency phone no. _____

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

Checklist:

- ___ Create Account in Total FBO
- ___ Driver License Copy
- ___ Credit Card Copy
- ___ Medical Copy
- ___ Pilot License Copy
- ___ Create Wells Login