



# Pilot/Aircraft Application and Update Form

Wings of Mercy East Michigan, Inc.

New Application:

Updated Application:

**Personal Information:**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address</i>		<i>Apartment/PO Box</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Cell Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>
<i>Emergency Phone</i>	<i>Emergency Contact</i>	<i>Email Address</i>

**Airman Certification/Experience:**

<i>Private Pilot:</i>	<i>Commercial:</i>	<i>ATP:</i>	<i>CFI:</i>
<i>Instrument:</i>	<i>Single-Engine Land:</i>	<i>Multi-Engine:</i>	
<i>Medical Class</i>	<i>Medical Date</i>	<i>Flight Review Date</i>	<i>IPC Date</i>
<i>Total Hours</i>	<i>Night Hours</i>	<i>Instrument Hours</i>	<i>Last 90 Days</i>
<i>Preferred Second Pilot(s)</i>			

**Aircraft Information: (Complete as applicable)**

<i>Registration Number</i>	<i>Aircraft Type</i>	<i>Last Annual Date</i>	<i>Home Airport</i>
<i>Useful Load</i>	<i>Passenger Seats</i>	<i>Average True Airspeed</i>	<i>Average Fuel Burn</i>
<i>Pressurized:</i>	<i>Known Ice:</i>	<i>Anti-Ice:</i>	<i>IFR GPS:</i>
<i>Weather Radar:</i>	<i>Uplinked Weather:</i>	<i>Autopilot:</i>	
<i>Name of Insurer</i>	<i>Limit of Liability</i>	<i>Per Seat Liability Limit</i>	<i>Renewal Date</i>
<i>"Wings Of Mercy Listed" as Additional Insured: <input type="checkbox"/></i>			

By completing this application, I certify that this information is correct to the best of my knowledge.

X \_\_\_\_\_ Date: \_\_\_\_\_

Please email this form to Jason Morford, Flight Safety Officer at [morford.jason@gmail.com](mailto:morford.jason@gmail.com) Contact Jason via email or at (810) 444-3458 with any questions.