

## **Aviation Questionnaire**

Name c	of Applicant:			Date:	
The airc	craft utilized by the applican	t is:			
0 0 0	Leased (go to section A) Chartered (go to section B) Owned (go to section C)	1			
Sectior	n A – Leasing Company In	formation			
Pilot pro Aircraft Aircraft	of the company the aircraft i ovided by leasing company seating capacity: seating capacity for pilots: egistry N-Number:		O No (if no, g	jo to section D)	
Sectior	n B – Charter Company In	formation			
	of the Charter Company: ovided by Charter Company	y: 🔿 Yes	O No (if no, g	go to section D)	
Sectior	n C – Applicant Owned Air	craft Informati	on		
FAA Re	gistry N-Number	Seating C	apacity	Hangar Location	
Is the a	ircraft 100% owned by appl	icant? O Ye	s 🔿 No (if no,	list joint owner:	)
Aircraft Aircraft Percent Average	e applicant rent, lease, loar maintenance performed by records located at: age of business/personal u e round trip miles per flight: e hours per year:	se:/	aircraft to others		
Does a	oplicant carry employees?	⊖ Yes	⊖ No		
If yes, s	state average number of em	ployees per flig	ht:		
Section	n D – Pilot Information				
Name		Date of B	irth	Job Duties - other than	Pilot