

# Tailwheel Training Center Pilot Information



Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Preferred starting date \_\_\_\_\_  
Marital status \_\_\_\_\_  
Pilot's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type and number \_\_\_\_\_  
Medical \_\_\_\_\_ Date \_\_\_\_\_ Date of 1<sup>st</sup> medical \_\_\_\_\_  
Date of 1<sup>st</sup> solo \_\_\_\_\_ Total flying time to date \_\_\_\_\_  
Total dual \_\_\_\_\_ Total solo or PIC \_\_\_\_\_  
Total flying time last 90 days \_\_\_\_\_ Total last 12 months \_\_\_\_\_  
Total flight time in conventional gear aircraft (specify) \_\_\_\_\_  
Total flight time in other aircraft (specify) \_\_\_\_\_  
Any accidents? Yes \_\_\_\_\_ No \_\_\_\_\_ Number and nature of violations (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## In Case of Emergency Contact

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Can you read and speak the English language? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Tailwheel Training Center**  
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