

ROCK RIVER FLYERS, INC.

PO Box 205
Mt. Morris, IL 61054-0205

To all members:

Our insurance carrier required updated pilot flight information annually. Please fill in the information below and return it to RRF if you intend to fly in 2019. This form **MUST** be complete and submitted before you can function as PIC in any RRF aircraft (including the Champ). If you do not submit this form now, but decide at a future date to become active in any club aircraft, you must submit this form prior to flying a club aircraft.

Thanks for your cooperation.

RRF Board of Directors

2019.02.28 gjm

NAME _____

DATE OF BIRTH _____ AGE _____

LICENSE _____

RATINGS _____

TOTAL TIME _____ LAST 12 MONTHS _____

CONSTANT SPEED PROP TIME _____

RETRACTABLE GEAR TIME _____

MULTI-ENGINE TIME _____

TAIL WHEEL TIME _____

OTHER _____ Description _____

Have you ever had your Pilot License suspended or been the pilot-in-command in a reported accident?

YES _____ NO _____

Have you had a Biennial Flight Review, or equivalent, within the past 2 years (student pilots check N/A)?

YES _____ NO _____ N/A _____ DATE ISSUED _____

Do you have a current Medical:

YES _____ NO _____ Class: I II III Basic-Med DATE ISSUED _____

[--- circle one ---]