



1585 Aviation Center Pkwy, Hangar 602
 Daytona Beach, Florida 32114
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 Office: (386) 252-3600 Fax: (386) 252-2020

Pilot/ TSA Form

Please Help Air America and TSA stay current with required information. We keep these records for a minimum of 5 years from the time you register with us.

Please complete the following information to the best of your ability:

First Name		Middle Name	Last Name	
Nickname/Aliases			Home Phone	
Complete Mailing Address			Work Phone	
City	State	Country	Postal Code	
Email Address		Cell Phone		
Gender	Date of Birth	Driver License Number		
Male <input type="checkbox"/>	Female <input type="checkbox"/>			

Please complete if you have moved within the past five years:

Year From	Year To	Street Address	City	State/Country	Postal Code
_____	_____	_____	_____	_____	_____

Please complete additional personal information:

Emergency Contact Person	Address	City	State/Country	Postal Code
_____	_____	_____	_____	_____
Relationship to you		Emergency Phone	Alternate Phone	
_____		_____	_____	

Have you ever had an auto accident in the past five years. (If yes specify).....Yes

Have you ever had an aircraft accident, incident, or FAA certification action in the past five years. (If yes specify).....Yes

Class	Medical Exam Date	Medical Expiration Date	Pilot Certificate Number	Category	Class
_____	_____	_____	_____	_____	_____
Training Desired	Start Date	Completion Date	Passed <input type="checkbox"/>	Location of Training:	
_____	_____	_____		_____	

Passport/Visa information if not a legal resident of the United States of America

Identification Number	Citizenship	Expiration Date	Resident Alien Number	Which Visa or Passport
_____	_____	_____	_____	_____