

2023 Westview Flying Club (WFC) Full Member Aircraft User Agreement

(must be completed annually for insurance requirements)

This section completed by the USER PILOT

Pilot Licence number & expiry date: _____

Medical class & expiry date: _____

Contact information:

Address: _____

Telephone: _____

Email: _____

The following information is required for our insurance coverage:

Date of birth: _____ Occupation: _____

Total time: _____ hrs. Hours last month: _____

Total time on type: _____ hrs. Licence type: _____

Ratings/Endorsements: _____

Incidents/Losses/Violations last three years? _____

I certify I have read and understand the WFC rental, aircraft insurance and CARs requirements.

Pilot full name: _____

Signature: _____ Date: _____

This section completed by the CHECK PILOT

(please also indicate in aircraft journey log)

Date of check ride: _____

Check pilot name: _____

Check pilot signature: _____ Date: _____