

CLIENT PACKET BACKGROUND INFORMATION

Last Name:					First Name:							Middle Name:						
Curre	ent Mailing Addı	ress:		'														
City:				Sta	State:				Zip Code:				Country:					
Home Phone:					Mobile Phone:							Business Phone:						
Email:					Email:													
Citize	Citizenship:				Identification:							ID Number:						
	Flight E	Exp	eri	en	ce	Info	orr	nat	tio	n								
	PILOT CERTIFICATES:				ATP	C	ОМ	_		PF	RIVATE		STUDENT		Г	INSTRUCTO		
	RATINGS: ASEL			L		MEL		AS	ASE AM			E IFR						
	TYPERATINGS: FAA CERTIFICATE NUMBER:				ELL MEDICAL CLASS													
	WAIVERSOR		FAA MEDICAL CLASS: DATE:															
	FLIGHT PROFICIENCY:																	
	MOST RECEN	T FLI	<u>GHT RI</u>	EVIEV	W:	DATE:			TY	PE A	<u>IRCRAFI</u>	ΓUSI	ED:					
	OTHER PROFICIENCY CHECK (IF APPLICABLE): DATE: TYPE AIRCRAFT USED:																	
	RECENT FORMAL TRAINING:																	
	NAME OF FACILITY:																	
	DATE:					TYPE AIRCRAFT USED:						_						
	COURSE: GROUND				UNDS	CHOOL				SI	MULATOF	R FLIGHT REFRESHER			íER			
	TOTAL H								HOURS LOGGED									
	Recent Flight Tim				es:	LAS	T 90	DAY	'S		LAST 1:	12 MONTHS			NEXT 12 MONTHS			;
	ACFT																	
	Make & M	odel																

CONFIDENTIALINFORMATION REQUIRED SUPPLEMENTARY DOCUMENTS:

Last Name:	First Name:		MiddleName:				
Confident	tial Person	al Histor	y				
1) Have you had, or been involved in, any a	ircraft accidents?		Yes	N			
2) Have you had any violations of Federal A			Yes	N			
3) Has your auto driver's license ever been	ked?	Yes	N				
4) Have you ever been convicted of operati	ng a motor vehicle	under the infl	uence of alcoho <u>l c</u>	or			
drugs?			Yes	N			
5) Have you had any auto accidents within	the last five years?		Yes	N			
1) Drivers License (or government	issued photo id	lentificatio	n-Passport is	prefe	erred.))	
2) Pilot Certificate	r		r	1 5			
3) Endorsements							
3a) - High Perforemance							
3b) - Complex Airplane		Ħ					
3c) - High Altitude/Pressuriz	ved Aircraft	Ħ					
4) Medical Certificate	Ecu Aircrait						
,,	a).	H					
5) Proof of Citizenship (US or Other heduling and Payment Policies:	1):						
JetWright will set a block of time asid	le to meet your	training n	eeds. To do tl	his, a	\$2000)	
leposit is required at the time of boo	-	_					
pefore the event is scheduled to begin		-		_			
o start the deposit is non refundable							
lays prior to the beginning of trainin	g the deposit is	non-refun	dable and no	n-trai	nsferra	ιbl	
Payment in full is required prior to the check, wire, ACH, Venmo or Zelle for eard as needed at the time of usage. I hose fees are paid directly to the airc Examiner fees are paid directly to the	course fees. Si f JetWright ha craft owners via	mulator ho s arranged	ours are paid f a rental aircra	or via	a credit r you	t	
Signature:	date	_//					
Client Name:							

HOLD HARMLESS AGREEMENT

In order for JetWright LLC to provide pilot services as a crewmember (PIC) for trips, or provide flight instruction (CFI) in your aircraft, it is necessary that the following agreement be signed and returned to JetWright before any flight(s) commence:

The owner/operator agrees to indemnify and hold JetWright LLC and its managers, employees, pilots and instructors, harmless for all claims, losses, liability, damage and expense arising out of or in any way connected with the use of any owner/operator furnished aircraft, including but not limited to loss of (including loss of use) or damage to the aircraft itself.

The owner/operator also agrees to have its *liability insurance carrier* include **JetWright LLC and a its managers**, **employees**, **pilots and instructors as an Additional Insured** with respect to legal liability and have its Hull insurance carrier waive rights of subrogation against its managers, employees, pilots and instructors. It is agreed that the owner/operators insurance will be primary and non-contributory to any other insurance available to JetWright LLC and its managers, employees, pilots and instructors as an insured or otherwise.

Owner/operator will instruct his/her insurer to issue a Certificate of Insurance evidencing the above before the trip or training is to begin. Such Insurance Certificate will contain a 30-day notice of cancellation clause to both JetWright Services LLC and its managers, employees, pilots and instructors.

	Signature:
AGREED AND ACCEPTED:	
Company:	
Printed Name / Title:	<i>F</i>
Date	

Service Scheduling and Payment Agreement:

This agreement is between and JetWright LLC. One or more of the JetWright LLC instructors will be scheduled to for your upcoming training. The instructors' time will be set aside and blocked to meet your training needs. Before that time can be blocked, a ten percent (10%) deposit is required. Any dates not secured with a deposit are subject to change without notice. This deposit itself is fully refundable up to **10** calendar days before **the event** is scheduled to begin. Within 10 days of the start of training, the deposit is non-refundable. Payment in full is required prior to the beginning of a training event. Once training has begun, the course fees become non refundable in their entirety. Out of pocket expenses incurred by the company and/or the instructor are not included in course fees and will be added to the invoice. The company agrees to provide the requested pilot and/or training services and the client agrees to pay for those services along with any for the instructors' travel time and/or out of pocket travel expense incurred (if any). Client Name: _____ Signature: date

Aircraft Insurance Requirements

Waiver of Subrogation

Prior to the start of pilot services and/or training services, a Certificate of Insurance which names **JetWright LLC and its managers**, **employees**, **pilots and instructors as an additional insured with a waiver of subrogation**, must be in place and copies must be on file. This certificate must delineate coverages and show the effective date of that coverage. Please use the following statement or something similar to indicate coverage:

JetWright LLC and its managers, employees, pilots and instructors are included under the full limits of liability coverage. All rights of subrogation are waived with respect to JetWright LLC and its managers, employees, pilots and instructors. A minimum of ten (10) days advance notification will be given to JetWright LLC if the above policy is canceled or altered to amend coverage any way relative to the above.

Your insurance company should send certificate and notifications to:

JetWright LLC

toddmunderwood@me.com

In order for your flight to be completed without undue delays, please be advised that your aircraft will have to pass the applicable preflight checks within the tolerance of your flight manual and applicable parts of CFR 14 Federal Air Regulations and copies of the following items must be available for verification prior to flight:

- 1. Certificate of Airworthiness
- 2. Current Aircraft Registration Certificate
- 3. FAA Approved Flight Manual
- 4. Current Weight and Balance Information
- 5. Aircraft Maintenance Logbooks (Airframe/Engine/Propeller)
 - Annual Inspection compliance
 - IFR 24 Month Inspection compliance
 - AD compliance
 - ELT compliance