

 **Pacific Flying Club**
Trip Request

Member name: _____ Today's Date: _____

Phone Number: _____ - _____

License Type: Private [] Commercial [] ATR [] Additional Training: Night [] Mountain [] IFR []

Total Hours: _____ Total PIC Hours: _____

PIC Hours in the last 60 days: _____ PIC Hours in the Last 1 year: _____

Last Date Flown: _____

A/C Type Required: _____ A/C Ident Preferred: _____

Proposed date of departure : _____ Time: _____

Proposed date of return: _____ Time: _____

Total Flight Hours Estimate on route: _____

Proposed Routing (give as much detail as possible):

Survival Kit needed: Yes ___ No ___ Life Jackets needed: Yes ___ No ___

Do you plan on landing at any airports that are not blacktop or cement? Yes ___ No ___ If yes, give the airport name (s):

Name of Passengers:

Person to Contact in event of an emergency: Name: _____

Phone# _____

OFFICE USE ONLY:

Flight Operations

Request approved: Yes ___ No ___

Date: MM _____ DD _____ YY _____

By: _____

Maintenance

Request approved: Yes ___ No ___

Date: MM _____ DD _____ YY _____

By: _____

Comments:

