



West Air Flight Training Folder Checklist

Student Type

Private

Instrument

Commercial

CFI

CFII

Name _____

E-Mail _____

Phone Number _____

How did you hear about us? _____

Student Checklist

- Pilot Questionnaire
- Lease agreement
- Release of Liability
- Credit Card Authorization
- Copy of credit card (front and back)
- Minor release form with parent photo ID
- Copy of Photo ID
- Birth Cert./Passport __ Original presented __ copy in folder
- TSA Clearance (If NOT a US citizen AND training for an initial FAA cert., Private, or instrument rating)
- U.S. Citizenship endorsement __ in logbook __ copy in folder
- Proof of Required Insurance (Prior to solo)
- Solo Endorsement __ Copy in folder __ entered in Flight Schedule Pro (Prior to solo)
- Pilot Certificate – Front and back (Prior to solo)
- Medical Certificate (Prior to solo)
- Check out Maneuvers __ copy in folder __ entered in Flight Schedule Pro (Prior to solo)
- Check out worksheet __ copy in folder __ entered in Flight Schedule Pro (Prior to solo)

Office Use Only

- Renter information entered into QuickBooks
- Renter information entered into Flight Schedule Pro
- Renter documents scanned and saved to Computer
- Renter documents saved to QuickBooks

(Signature of personnel that entered information)

Date _____

West Air Flight Training PILOT QUESTIONNAIRE

This pilot record is filed in accordance with the insurance policy of West Air Flight Training.

ARE YOU A UNITED STATES CITIZEN? Yes No TSA APPROVAL # _____

NAME: _____ DOB: _____ SS#: _____

ADDRESS: _____ CITY: _____ STATE / ZIP: _____

PHONE#: _____ BUSINESS#: _____ CELL#: _____

Emergency Contact:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

CURRENT CERTIFICATES AND RATINGS	CERTIFICATE NUMBER	MO / YEAR ACQUIRED	FLYING EXPERIENCE SUMMARY (LOGGED HOURS)			
				TOTAL	LAST 12 MONTHS	LAST 90 DAYS
<input type="checkbox"/> STUDENT PILOT CERT.			ALL AIRCRAFT			
<input type="checkbox"/> STUDENT PILOT MEDICAL			PILOT IN COMMAND			
<input type="checkbox"/> SOLO ENDRSEMNT(90 DAY)			COMPLEX RG			
<input type="checkbox"/> SOLO CROSS COUNTRY			MULTI-ENGINE			
<input type="checkbox"/> PRIVATE			ROTO-CRAFT			
<input type="checkbox"/> COMMERCIAL			TURBINE ROTOR			
<input type="checkbox"/> AIRLINE TRANSPORT			ACTUAL / SIM. INSTR.			
<input type="checkbox"/> INSTRUMENT			CFI - DUAL GIVEN			
<input type="checkbox"/> SINGLE-ENGINE LAND			HIGH PERFORMANCE			
<input type="checkbox"/> MULTI-ENG LAND (Com/FR)						
<input type="checkbox"/> SINGLE-ENGINE SEA						
<input type="checkbox"/> FLIGHT INSTRUCTOR(SEL)						
<input type="checkbox"/> FLIGHT INSTRUCTOR (MEL)			LAST FLT REVIEW DATE:			
<input type="checkbox"/> GRND INSTRUCTOR(BASIC)			TYPE OF AIRCRAFT			
<input type="checkbox"/> GROUND INSTRUCTOR(ADV)			ADDITIONAL INFO			
<input type="checkbox"/> ROTO-CRAFT						
<input type="checkbox"/> A & P MECHANIC						
<input type="checkbox"/> CERTIFICATE COPIES PROVIDED ON:						

CHECKED OUT IN AIRCRAFT TO BE USED:

AIRCRAFT MODEL	N #	NIGHT YES / NO	CFI SIGNATURE	DATE

COMPLETE ALL ITEMS ON FRONT AND BACK - SIGN AND DATE

2726 PERIMETER ROAD, NORTH LAS VEGAS, NV 89032

PHONE: (702) 631-0229 FAX: (702) 631-1447

Revised 1/25/2020

RECURRENT TRAINING:

FLIGHT OR GROUND SCHOOL:
MEDICAL CERTIFICATE CLASS

1st

DATE ATTENDED:

2nd

3rd

MODEL USED:

Date of Last Physical:

AS PILOT:

- 1 Ever had any aircraft accidents? yes no
- 2 Ever cited for violating civil or military flight regulations? yes no
- 3 Ever convicted or pled guilty to a felony? yes no
- 4 Ever arrested for driving under the influence of drugs/alcohol? yes no
- 5 Any waivers or limitations on your medical certificate?
(Attach copy of any certificate or demonstrated ability) yes no
- 6 Any insurance co. ever cancel, decline to issue any ins. policy held by you? yes no

Explain each "Yes" answer. Include dates and details:

MANUFACTURERS' SCHOOL / RECURRENT TRAINING:
(or equivalent) attended for specific models: (Attach copy of certificate(s) received)

School & Location	Year Attended	Aircraft Model	Hrs flown	Sim/Flight

DO YOU CARRY AIRCRAFT RENTERS INSURANCE? YES _____ NO _____.

IF YES, INDICATE THE FOLLOWING:

NAME OF PROVIDER: _____

POLICY NUMBER: _____

AGENT NAME AND PHONE NUMBER: _____

EFFECTIVE DATES OF POLICY: _____

I warrant that all information provided in the Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld. I authorize West Air Flight Training to investigate any and all qualifications or statements contained herein.

signature: _____ Date: _____



WEST AIR FLIGHT TRAINING A/C RENTAL/LEASE AGREEMENT

West Air Flight Training
2726 Perimeter Rd.
North Las Vegas, NV 89032
(702) 631-0229

1. This agreement is between West Air Flight Training, hereinafter known as Lessor, and Lessee, whose name appears below: no oral or implied agreement other than those contained herein shall be binding on either part. Lessee acknowledges that aircraft are received in good condition, mechanical and otherwise. Under no circumstances shall an aircraft be used, operated or flown:
 - A. In violation any of the terms or conditions of this agreement.
 - B. For any illegal purposes.
 - C. By any person while under the influence of intoxicants of narcotics, or alcohol.
 - D. In violation of any Federal Aviation Regulations, State and County laws.
 - E. By any person other than the Lessee signing this agreement.INITIALS _____
2. All fees are payable in advance or at completion of the agreed operation. A deposit in the amount of your scheduled flight could be required before you fly. This deposit may consist of cash, a check or use of a credit card. If a credit card is charged and the total flight does not equal that amount, your credit card will be refunded the difference. If you do not have money on your account to cover your flight, instruction or ground, and the payment for the outstanding balance is not paid ***after the completion of your flight, instruction or ground school, a \$25.00 late fee will be assessed.*** The following flight/lesson will be canceled. If the next flight or lesson is within a 24-hour period you will be charged for a no-show cancellation (See item #11.) This charge is due to the fact that it is past the allotted time (24 hours) for cancellations. Furthermore, you will not be allowed to schedule any future flights until your account is settled. All major credit or debit cards, cash, and local checks, will be accepted for payment. The Lessor may require a credit card to be kept on file with your signed authorization to be charged if monies are not paid as agreed. The credit card on file will be charged the next business day after the flight if your account is not paid in full. ***Any balance over 30 business days past due will be assessed a 22% per annum interest charge.*** Accrued from the date of the flight. *If the Lessee's balance becomes 90 days past due, the balance will be referred to the Lessor's collection agency with an additional 32% collection fee and will no longer be under the jurisdiction of West Air Flight Training.* Rental fees are based on the "Hobbs" hour meter in the aircraft or simulator. If the Hobbs is inoperative, the flight will be charged by the Tach plus .4 for taxi time. INITIALS _____
3. **Lessee will only use a West Air Flight Training flight instructor; the use of any other flight instructor is strictly prohibited.** West Air Flight Training's flight instructors have been trained to follow West Air Flight Training's rules and procedures. INITIALS _____
4. Lessee is required to remain current by flying Lessor's aircraft. **Currency required for a single engine aircraft is 60 days.** Lessee agrees to fly a minimum of one flight, in a West Air Flight Training aircraft, of at least .5 Hobbs, in the required period from the checkout date or the last flight, to remain current in West Air Flight Training's aircraft. If this requirement is not met, the Lessee will not be permitted rental without first going through the process of a proficiency flight in the aircraft with one of Lessor's authorized flight instructors. INITIALS _____
5. Lessee shall produce his/her pilot certificate, medical, photo identification, current flight review or equivalent, completed West Air Flight Training damage report, rental itinerary, and flight plan (if over 50 nautical miles) before any flight without a West Air Flight Training instructor on board. If any one of these items is not available or current, the Lessee will not be permitted to fly. INITIALS _____

6. Lessee shall not permit any repairs or alterations to be made to aircraft or permit any lien to be placed upon any aircraft when away from home base without the consent of Lessor. Such consent may be given by calling Lessor's phone number provided on each aircraft book and receiving consent in writing. INITIALS_____
7. Lessee agrees to pay a five (5) hour minimum rental fee per business day while aircraft is away from home base. One-day rentals will be charged by the Hobbs meter unless aircraft will be away from home base more than 5 business hours. INITIALS_____
8. **No sub-leasing or commercial operation shall be conducted in the aircraft rented.** INITIALS_____
9. FLIGHT PLANS WILL BE FILED ON ALL FLIGHTS BEYOND 50 STATUTE MILES FROM POINT OF ORIGIN with the appropriate FSS and copy left with the Lessor. If for any reason the aircraft can not be returned on time, Lessor must be notified as soon as possible. Search and Rescue will be called on flights over 30 minutes late. Lessee may be charged for recovery of that aircraft if done by negligence. Lessee must have Lessor's approval to extend allotted time. INITIALS_____
10. Lessee shall be responsible for the expedient return of abandoned aircraft. Lessee shall reimburse all costs incurred by Lessor for the recovery of aircraft for any reason. INITIALS_____
11. **A twenty four-hour (24) cancellation notice is required.** Notice of less than 24 hours or no notice at all is considered a no-show. Lessee can call a West Air Flight Training dispatcher, their instructor, or notice can be phoned into Lessor's recording machine before or after normal business hours. If the Online Schedule is used to cancel the flight a courtesy call should be made to inform West Air Flight Training of any cancellation. **For reservations less than 5 hours in length;** If more than 24 hours' notice is given, there is no cancellation fee. **If the cancellation is within a twenty-four-hour period of the reservation start time, or no notification has been given to the Lessor, the Lessee will be charged a \$50 fee for the first no-show. If repeated, the Lessee will be charged a \$100 fee for the second cancellation within 24 hours. A third cancellation within 24 hours will incur a fee equal to one (1) hour of aircraft time and one (1) hour of instruction time. A fourth cancellation within 24 hours will incur a fee equal to two (2) hours of aircraft time and two (2) hours of instruction time. A fifth cancellation within 24 hours will incur a fee equal to three (3) hours of aircraft time and three (3) hours of instruction time. In addition to the fees for a fifth cancellation within 24 hours, all future reservations will be removed from the schedule. If the next reservation is within 24 hours of the fifth no-show, the Lessee will incur an additional Three Hundred Dollar (\$300.00) fee.** **For reservations more than 5 hours in length;** Lessee must pay a deposit no later than 7 days prior to the reservation, in the amount of half of the estimated rental cost of the reservation. If cancellation is between 7 days and 72 hours' notice, the deposit is 75% refundable. If cancellation is between 72- and 24-hours' notice, deposit is 50% refundable. If cancellation is under 24 hours' notice, the deposit is non-refundable. There is no cancellation charge due to the weather on any reservation, provided Lessee contacts Lessor. **An aircraft will not be held past fifteen (15) minutes of proposed scheduled rental time.** INITIALS_____
12. Flights into Alaska and foreign countries are expressly forbidden, i.e., Mexico and Canada. INITIALS_____
13. No off-airport landings are approved. **Only airports that have a minimum of 3000 feet paved available runway listed in the Federal Aviation Administration Chart Supplement and on current aeronautical charts as open and available to civil operations may be utilized.** Lessee shall be responsible for the proper securing of the aircraft such as: tying-down the aircraft per West Air Flight Training's procedures, installing Gust Locks, installing Control Locks, installing sun shades, locking the aircraft and removing the key after each flight and/or when left unattended. **Lessee understands that he/she is responsible for the proper use of the aircraft, and checklist when operating the aircraft, and report discrepancies immediately to the manger and written on the discrepancy/damage report log. If discrepancies are not notified, any discrepancies found by Lessor will be charged to the Lessee. This will include damage to the aircraft, lost checklists, POH's etc.** INITIALS_____

14. Lessee understands the Lessee must return the aircraft in its original condition of departure; this includes leaving NO trash in the aircraft. In the event of airsickness or other occurrences during the rental period, it is the Lessee's responsibility to clean the aircraft to West Air Flight Training's satisfaction. **If this is not done a minimum charge of \$200.00 will be assessed to bring the aircraft back to the original condition.** INITIALS _____
15. Lessor may charge Lessee for maintenance necessary due to improper handling of the aircraft; this will include, but is not limited to, a battery charge or replacement if required due to the master switch left on, or any other action that requires the replacement of the battery, damage to tires or tubes caused by improper handling of the aircraft, or any other incident or damage requiring maintenance at the discretion of West Air Flight Training. **If the estimated damages to the aircraft do not exceed the insurance deductible of \$1,000.00 for any fixed gear aircraft, or \$2,500.00 for any retractable gear aircraft, the Lessee agrees to pay the total estimated amount immediately after the flight and before leaving the home base of West Air Flight Training. If the estimated damages exceed the insurance deductible amounts listed above, the Lessee agrees to pay the full deductible immediately after the flight and before leaving the home base of West Air Flight Training.** INITIALS _____
16. **Lessee agrees to carry aircraft liability insurance and non-owned aircraft damage liability coverage (hull coverage) in the amount of at least \$25,000.00 that will cover any West Air Flight Training aircraft that is rented or flown solo without a West Air Flight Training instructor. Lessee agrees to keep this insurance policy in effect during all flights conducted in West Air Flight Training aircraft when they do not have a West Air Flight Training instructor scheduled with them.** INITIALS _____
17. Lessee agrees to indemnify and hold Lessor and/or aircraft owner harmless of, from or against any and all loss, claims, damages, attorneys' fees, expenses, liabilities, and connections with, arising out of, or resulting from this agreement or the use, operation or flying of the aircraft by Lessee or any others. If Lessor retains the service of an attorney to recover possession hereunder, Lessee shall pay all costs and reasonable collection costs incurred by Lessor, whether or not any suit or action is filed. INITIALS _____
18. Lessee understands that a request for a refund of money on account, that is refundable, requires a written request and will be refunded in 7-10 business days from the date the request was received from the Lessee. A check cannot be issued if the money on account was charged on the Lessee's credit card. A refund on the Lessee's same credit card will be credited 7-10 business days after the written request has been received. Refunds are not available for money on account for which the Lessee signs a non-refundable prepayment form, for any money that the client is receiving more than a 3% discount on invoices for, money paid by a financial aid lender, or money placed on account from scholarships or grants. INITIALS _____

I hereby acknowledge receipt of a copy of these regulations and agree to comply with these rules and all FAA Regulations. Lessee warrants that all information supplied to Lessor is true and correct.

Lessee Name (PRINT ONLY)

Street Address

Lessee Authorization Signature

City, State and Zip Code

Date

Telephone Number

*****Prices are subject to change without notice*****



WEST AIR FLIGHT TRAINING RELEASE OF LIABILITY

2726 Perimeter Rd.
North Las Vegas, NV 89032
702-631-0229

DISCLOSURE STATEMENT AND AGREEMENT FOR RELEASE OF LIABILITY

In consideration of my being permitted to participate in flight operations conducted by WEST AIR FLIGHT TRAINING to include ground instruction as flying, and as a part of my representation made by WEST AIR FLIGHT TRAINING concerning my physical and mental condition in its "Flight Operations",

I _____ (print name)

Affirmatively state that:

1. I understand that under the terms for this agreement for release, I am assuming all risk of physical or other personal injury or damage to or loss of life. Limb or property which may result from WEST AIR FLIGHT TRAINING'S flight operations or its related activities, except for its negligence.

Initials: _____

2. I, Hereby, for myself, my heirs, executors, successors and assigns, waive and relinquish any and all claims for personal injury or damage to or loss of life, limb or property against WEST AIR FLIGHT TRAINING, or any of its officers, employees, provided to me by WEST AIR FLIGHT TRAINING, except for its negligence.

Initials: _____

3. Except for its negligence, I understand that by the terms of this Disclosure Statement and Agreement for Release of Liability, I have limited and waived my right to sue WEST AIR FLIGHT TRAINING for all damages and injuries which I might receive as result of my participation in any and all flight operations conducted WEST AIR FLIGHT TRAINING.

Initials: _____

4. I understand and accept the risks involved in flying in general.

Initials: _____

5. I am over the age of 18 years of age and am of sound, mind, and physical condition, hence able to participate in the flight operations to conducted by WEST AIR FLIGHT TRAINING.

Initials: _____

6. I do not have, nor have I ever had a skull, neck or spinal injury of any kind which would be aggravated which would impede my participation in the flight training operations at WEST AIR FLIGHT TRAINING.

Initials: _____

7. I understand that I am responsible for the payment of the deductible insurance as listed in this section:

\$1,000.00 for fixed gear aircraft and \$2,500 for retractable gear aircraft.

Initials: _____

8. I am not presently under the influence of drugs or alcohol.

Initials: _____

9. I am not, do not have or do not suffer from:

A. A detached retina Initials: _____

B. Glaucoma Initials: _____

C. High blood pressure Initials: _____

D. A sinus condition or inability to clear my ears Initials: _____

E. Irregular Heartbeat Initials: _____

F. Angina /Stroke Initials: _____

G. Difficulty in breathing or shortness of breath Initials: _____

H. Dizziness or fainting spells Initials: _____

I. Blurred vision Initials: _____

J. Pregnant Initials: _____

K. Mental or Nervous Disorders Initials: _____

L. Neck or Back Disorders Initials: _____

M. Alcohol or Drug use Initials: _____

N. Asthma Initials: _____

O. Tuberculosis Initials: _____

P. Cancer Initials: _____

Q. Any other physical condition likely be aggravated by the changes of pressure experienced in flight or the forces of gravity.

Initials: _____

- Note any details of such a condition here:

I have carefully read this entire "DISCLOSURE STATEMENT AND AGREEMENT FOR RELEASE OF LIABILITY" and fully understand and agree to be bound by its contents. I am aware that by signing this contract I MAYBE GIVING UP SOME IMPORTANT LEGAL RIGHTS AND IT IS MY INTENSION TO DO SO.

Date _____

Witness _____

Signature _____

Address _____

WEST AIR FLIGHT TRAINING

CREDIT CARD AUTHORIZATION FORM

Name on Credit Card _____

CREDIT CARD AUTHORIZATION

I authorize West Air Flight Training to charge my credit card listed below for any monies owed for renting any West Air Flight Training aircraft or simulator, for any type of training given, instruction in privately owned aircraft or rented aircraft, any item purchased in the pilot shop or any other charges that may be owed on my account at West Air Flight Training.

CARD NUMBER

_____ - _____ - _____ - _____

CVV CODE (ON BACK OF CARD) _____

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

CVV CODE (ON FRONT OF CARD) _____

EXPIRATION DATE ____ / ____ / ____

SIGNATURE OF CARD HOLDER _____

Credit Card authorized to be charged for any outstanding balances owed to West Air Flight Training.

Email receipt to: _____

DATE ____ / ____ / ____

BILLING ZIP CODE _____

OFFICE USE ONLY

Photocopy of credit card (front and back)

(Face down / top to back)