



Sport Aviation Corp Ltd
PO Box 10324 - Te Rapa - Hamilton 3241

Client Application

Personal Details

Surname: First names:

Postal Address:

Email: _____

Phone: Home:

Work:

Fax:

Mobile:

Flight Crew Certificate Details

Type:

Qualifications:

Cert No:

Group Rating: **A** **B** **C** **G** **H** **P** (circle) FRTO: **Y** **N**

Medical Certificate

Medical Certificate Expiry date:

Logbook Hours

Microlight:

Other:

Aircraft Owner Details:

Aircraft Make & Model: _____

Serial No: _____ Regn: **Z** **K**

Documents Accompanying this Application

- Medical Declaration & Certificate (Original or copy required)
- Microlight Pilot Certificate Application } (tick)
- Instructor test – Microlight Pilot } (tick)
- Other _____ }

Comment _____

Fee Enclosed: \$ _____:

Signature: _____

Date: ____/____/____