

Homeland Security
Emergency Air Transportation System
Volunteer Pilot Handbook



Angel Flight Mid-Atlantic
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INTRODUCTION

Purpose

The purpose of this Handbook is to disseminate information to new or long-time Angel Flight pilots. This Handbook orients pilots in how to respond to and conduct missions within the context of the Homeland Security Emergency Air Transportation System (HSEATS). The Handbook also provides a self-certification mechanism for HSEATS Certified Volunteer Pilots.

Content Control

This Handbook is issued by Angel Flight Mid-Atlantic (AFMA) and is intended solely for use by volunteer pilots who are registered with and approved for missions by Angel Flight Mid-Atlantic. Updated Handbook information will likely be provided on-line as the system matures.

HSEATS

Mercy Medical Airlift (MMA), a non-profit charitable medical air transportation organization, developed the HSEATS program at the national level in 2002. Authorization and funding for development of the system was provided under Federal Grant # 52-1374161 from the Corporation for National & Community Service.



MMA develops and maintains national level Memorandums of Understanding (MOUs) and Statements of Understanding (SOUs) with major national volunteer agencies and Federal agencies involved in Homeland Security. By Federal definition, Homeland Security includes serving matters of public health, public safety, disaster preparedness, and disaster response.



The HSEATS system is designed to respond to small local disasters or major national disasters or tragedies. The generous outpouring of volunteer pilot services immediately following September 11, 2001 provided the inspiration and Federal volunteer sector cooperative effort today known as HSEATS.

BACKGROUND

The Angel Flight Mid-Atlantic Cooperative

To meet the need of Homeland Security as defined by the Corporation for National & Community Service, an efficient, emergency, grass-roots-based, volunteer pilot air transportation system was required. The September 11, 2001 disaster reconfirmed the need, though earlier natural disasters demonstrated the same requirement but on a smaller scale. Emergency blood shipments were needed; key disaster relief agency officials needed transportation; and rescue dogs in New York needed booties. More than 150 volunteer pilot missions were flown in support of September 11, 2001. Missions began the next day on September 12th when all other planes were grounded.

The critical need for such a nationwide transportation system was shown, but we were unable to use anywhere near our full capabilities. We lacked a pre-planned system of response, had no Memorandum of Understanding (MOU) with key disaster agencies, and lacked pre-established lines of communication with either state or national level disaster response or relief agencies.

A regionally organized network of instrument-rated volunteer pilots already existed. Thousands of highly qualified and trained volunteer pilots were already involved in public benefit flying and were in a position to respond to Homeland Security needs within an established preplanned system.

Mercy Medical Airlift (MMA), a 30-year-old national charity, manages the HSEATS program of volunteer pilots. MMA came to the table already working with an established consortium of non-profit charities. These include Angel Flight Mid-Atlantic (AFMA) and ten (10) state-level Angel Flight organizations already working on a shared-tasking basis.

Normal Patient and Compassionate Mission Procedures (Summary)

Incoming requests for normal patient and compassionate missions are directed to an Angel Flight Regional Mission Coordinator. The requests usually come from social workers or patient families via telephone, fax, or email. Callers have access to the Mission Coordinator 24 hours a day. Daytime hours are staffed at the center, and during evenings and weekends the Coordinator is accessible by using the emergency caller feature. All calls for help are directed to Angel Flight's main phone number, which is 757-318-7149 or 800-296-3797.

Nearly all mission coordination is accomplished by phone, fax, and email. On average, it takes approximately 15 phone calls to set up a single mission. Locating an available pilot can be time consuming. Besides the pilot and the patient, there are a number of other

people that are often involved, and they need to be contacted for various reasons. These include the referring physician, the patient's caseworker, the treating clinic's social service person, and the treating physician. Sometimes these people must be contacted several times before mission arrangements can be completed.

How Are HSEATS Mission Requests Generated?

HSEATS emergency mission requests will likewise come via phone to the AFMA Regional Mission Coordinator. These requests could be from Federal disaster agencies such as FEMA, from national disaster response charities such as The Salvation Army or the American Red Cross, or from an assortment of State and local emergency services agencies.

Mercy Medical Airlift is developing Statements of Understanding (SOUs) and Memorandums of Understanding (MOUs) with all of the Federal agencies and national charities likely to be involved in terrorist or disaster response efforts.

Emergency mission requests that might come directly to an individual pilot must be referred through the AFMA Mission Coordinator even if the pilot who was initially contacted ultimately makes the flight.

How are AFMA Volunteer Pilots “Organized” for HSEATS Missions?

All AFMA pilots are welcomed to be certified as part of the HSEATS program. It is assumed that virtually all pilots will want to be so certified so they may help their community, state, or the nation in future disaster response. There are two categories of certified HSEATS volunteer pilots:

First Responders

Those pilots who, under normal circumstances – all things being nominal – could be airborne on a mission within either a two-hour window or a six-hour window of time. First Responders thus are either in the 2-hour group or the 6-hour group.

Sustaining Responders

All other AFMA Volunteer Pilots who can help but are not normally able to launch within a 6-hour window of time are Sustaining Responders. Certification through this Handbook is required for Sustaining Responders as well as First Responders.

THE HSEATS EMERGENCY PILOT NOTIFICATION SYSTEM

Organization and Use of System

The AFMA concept for notification provides for immediate notification of First Responders via the “Notify Quick” contractual service. Based on the nature of the need, we can notify all or only a few based on state of residence and the designation of First Responders in the 2-hour or 6-hour groups.

AFMA maintains and provides the “Notify Quick” phone number database. For each pilot, the phone numbers for home, work, and cell phones are included. Calls will be made to all three phones. The message will simply be pre-recorded and will say, “This is an AFMA Emergency Homeland Security Notification System. This is a (test) / (real emergency) request. Please immediately call the AFMA Mission Coordinators at 800-296-3797. Personnel are on duty now to receive your call.”

When you get that message – even perhaps hours later because you were out of town – call the AFMA Mission Coordinators at 800-296-3797. Please keep trying until you reach them. We can handle up to 5 simultaneous calls at the same time on this one number.

If there is going to be a communications test, you will first be notified by email. Please respond to the very limited number of tests we will have so we can develop reliability data to better design our efforts.

Sustaining Responders (along with First Responders) will get broadcast emails describing the nature of the emergency and the anticipated ongoing need for mission support in the days and weeks ahead. Sustaining Responders will not have their phone numbers placed in the “Notify Quick” system.

Any pilot may, at their discretion, call the AFMA Mission Coordinator if they have heard of emergency or disaster circumstances via the media and want to register their willingness to respond through the HSEATS program.

Alternate Command and Control Sites and Communications Capability for HSEATS and AFMA Volunteer Pilots

MMA serves as the HSEATS National Program Director. In that role, MMA has a multiline capable incoming toll free number for emergency support requests from national level agencies. This number will be widely known in key Federal agencies and national disaster response charities.

The primary HSEATS Command and Control Center is within the offices of MMA in Virginia Beach, Virginia. Back-up power at this location is available.

Alternate Means of Communication

AFMA and MMA have installed satellite phones and full ham radio communications which will enable us to continue emergency operations in the event that normal communication devices are rendered inoperable.

FLYING HSEATS MISSIONS

Flying HSEATS missions is not unlike flying regular Angel Flight missions. The pilot, as always, is fully responsible for determining and evaluating safety factors. Safety continues to be the number one priority even in disaster emergency circumstances.

HSEATS missions will be to fly small high priority cargo or key personnel required to meet disaster needs. In the case of cargo transport, you may want to remove some or all of your rear seats. We suggest you again note the locations of your cargo hold-down connections. We also suggest that you carry some good strong nylon cargo straps in your plane at all times. Remember that weight and balance for cargo may be different than the norm for carrying passengers.

PILOT EMERGENCY GO-KIT

Due to the urgent nature of HSEATS mission we encourage pilots to maintain a Go-Kit which is easily accessible. Example of items you should include in your Go-Kit follow:

Flashlight with spare batteries	Cell Phone adaptor	Water
Change of clothing	Toiletries	Blanket
Medicine	Non-perishable food	First Aid Kit

Enhanced Flight Following Procedure (Call 800-296-3797)

In virtually all HSEATS mission circumstances, multiple parties or agencies will be working with your AFMA Mission Coordinator, and status information will be of utmost importance.

For this reason, we ask that you use the following “enhanced flight following procedure” for all HSEATS missions.

- Using your cell phone or other available landline phone service, please call the Mission Coordinators (MCs) before launch from your home airport to give an ETD and ETA.
- Upon arrival at each leg of the flight while “active” to complete your mission, please call the MC with ETD and ETA information.
- Confirm safe arrival home by email.
- Complete web-based mission completion report.
- If personnel transport is involved or even when accepting cargo for transport, please use the standard liability release form and procedure as done with medical missions.

SUMMARY - AFMA HSEATS OPERATIONS

Regional Office Responsibilities

Maintain 24-hour per day on-call staffing capability to shift into an emergency mode and:

- Handle all incoming emergency mission requests
- Activate the “Notify Quick” calling system for First Responders
- Activate broadcast emails to all pilots – providing current estimate of HSEATS needs
- Coordinate all HSEATS missions
- Receive mission status calls from pilots flying HSEATS missions
- Collect necessary HSEATS mission and activity data as required by MMA
- Staff a minimum of 5 simultaneous incoming phone lines in emergency circumstances
- Inform, orient, and certify AFMA pilots for participation in the HSEATS program

Volunteer Pilot Responsibilities

- Read this Handbook. Call 800-296-3797 for clarification of any questions.
- Fax or mail the self-certification form at the end of this Handbook to be registered as a Certified Angel Flight HSEATS Volunteer Pilot.
- If a First Responder Pilot, call the Mission Coordinator immediately upon receipt of a recorded emergency notification.
- Watch for broadcast emails from the Mission Coordinators.
- Follow the “enhanced flight following notification procedures” outlined above – keeping Mission Coordinator fully informed at all times.

Entering Temporary Flight Restriction (TFR) Areas for Disaster Relief Support or Aerial Reconnaissance

During times of disaster the Airspace Access Response Cell is activated by the FAA. Pilots responding to disasters who require access to the TFR area must obtain authorization prior to entering by calling **866-654-2005**. Identify yourself as an HSEATS/Angel Flight Pilot responding to request for support. You should also be prepared to state your purpose for entering area (inserting key personnel, cargo, photo recon, etc.) as well as proposed route of flight, altitude, flight duration and the organization being assisted.

HSEATS PILOT SELF-CERTIFICATION FORM

Having read this brief Handbook, we ask that you complete the following form and either fax it to the number shown or mail it to the address listed.

Upon receipt of this self-certification form, AFMA will mail you:



- A colorful HSEATS Volunteer Pilot Certificate suitable for framing and display,
- An HSEATS shoulder patch
- An attractive HSEATS sticker for placement on your aircraft.

Name: _____
(Please print)

My "best contact" phone number is: _____
(to answer any questions related to this form)

	YES	NO
I am a registered AFMA Volunteer Pilot	_____	_____
I am a registered First Responder 2-hour Pilot	_____	_____
I am a registered First Responder 6-hour Pilot	_____	_____
I need to be a Sustaining Responder Pilot	_____	_____
I have read and understand the Handbook	_____	_____

Signature: _____ Date: _____

Please fax this form to:

OR

Please mail this form to:

(757) 318-9107

Angel Flight
4620 Haygood Road Suite 1
Virginia Beach, VA 23455

QUESTIONS? Call (800) 296-3797



Safety Management System

Developed for
Mercy Medical Airlift
Angel Flight Mid-Atlantic
Airlift Hope

October 30, 2009



PURPOSE. The purpose of establishing a Safety Management System is multifold:



- To facilitate the identification of hazards and risks.
- To create and maintain a positive culture of safety.
- To incorporate safety as the major component of Mercy Medical Airlift, Angel Flight Mid-Atlantic and Airlift Hope operations.
- To combine performance standards with safety standards.
- To talk the talk and walk the walk.
- To provide top-down support and bottom-up implementation

GOALS. The goals are interrelated, as follows:

- To instill a positive culture of safety at every level of the organization.
- To create and maintain an environment that promotes continuous improvement, training and safety awareness.

VISION: To provide safe, free air transportation for needy ambulatory patients requiring long-distance medical treatment, evaluation, diagnosis or clinical trial participation.

MISSION: To utilize qualified, safety-conscious Volunteer Pilots meeting high standards and qualifications.

DEFINITIONS

Safety Policy: Outlines the methods and processes to be utilized to achieve desired goals that the Safety Policy establishes in order to promote a positive culture of safety throughout the organization.

Risk, Hazard Management: A process that identifies and analyzes hazards and risks, and creates controls to manage those risks.

Safety Assurance: Used to ensure developed risk and hazard controls to achieve intended objectives. These monitoring processes may help to reveal risks and hazards not previously identified. The process includes program information acquisition, analysis, continuous assessment, and development of preventive, corrective action for nonconformance. Tracking and measuring the results of safety-related activities and training is a component of the process.

PROGRAMS

Safety Policy will establish:

1. Volunteer Pilot minimum qualifications, standards, recommended operating procedures and expectations
2. Continuous hazard and risk assessment
3. Volunteer Pilot list of best practices
4. Incident occurrence and hazard reporting
5. Occurrence investigation and analysis
6. Periodic safety audits
7. Non-punitive reporting policy
8. Volunteer Pilot follow-up and accountability
9. Continuous safety-related education and communication
10. Identification of leadership role in the safety process
11. Emergency preparedness and response
12. Measurement of performance and continuous improvement
13. Regular distribution of safety newsletter
14. Annual Volunteer Pilot affirmation
15. Creation of the position of Director of Safety

Risk, Hazard Management

Risk, Hazard Identification

- Accident trends and factors for General Aviation fixed wing under 12,500 lbs.
- 2008 Air Safety Foundation Nall report.

High Risk Phases of Flight

- Takeoff and climb
 - Takeoff Stall/Settling
 - Loss of airspeed resulting in non-recoverable stall or sink rate
 - Loss of control
 - Crosswinds /Other conditions leading to loss of directional control
- Maneuvering
 - Stall or loss of control
 - Loss of airspeed resulting in stall/spin
- Descent/Approach: Beginning of descent from cruise altitude to Missed Approach Point or Runway Threshold
 - Stalls/Spins
 - Loss of airspeed
 - Collisions with objects, terrain
 - Loss of engine power
 - Carburetor icing
 - Incorrect fuel mixture

Wind gusts or wake turbulence

- Landing
 - Loss of directional control
 - Crosswinds
 - Inadequate airspeed control
 - Stalls, hard landing, short-long touchdown
 - Runway conditions
 - Runway contamination

- Flight planning, decision-making
 - Flight planning
 - Improper pre-flight planning
 - Insufficient fuel reserves
 - Inadequate in-flight monitoring of ground speed
 - Systems operation
 - Improper operation of fuel system
 - Fuel contamination
 - Improper fueling

- Weather
 - Continued VFR into IMC
 - Deficient IFR technique
 - Failure to follow appropriate IFR procedures
 - Descending below MDA on approach
 - Thunderstorm
 - Flying too close or penetrating
 - Turbulence
 - High winds
 - Mountainous terrain
 - Icing
 - Loss of lift and performance
 - Instrument malfunction

- Other factors
 - Single pilot IFR
 - Night operations at unfamiliar airports
 - Mission mentality
 - Get-there-itis
 - Distractions
 - Missed approach/Go around
 - Incomplete/Stale weather briefings

Regular training, briefing, and awareness of these and other risks and hazards will help us achieve our goal of creating a positive culture of safety.

Safety Assurance

The Safety Assurance program will use several different processes to verify that the safety goals of our organizations are being met and are keeping up with current trends and information. These include the following:

- Establish a non-punitive reporting program for Volunteer Pilots.
- Create a database of known and previously unknown risks and hazards.
- Regularly review pilot post-mission reports.
- Conduct random pilot flight de-briefings.
- Conduct regular follow-up with patients/passengers.
- Solicit input and communication from pilots.
- Solicit input and communication from coordination staff.

Volunteer Pilot Requirements

Minimum Pilot in Command (PIC) Qualifications

- For the operation of any single-engine piston aircraft, the pilot shall have a minimum total time of **500** hours with no less than **400** hours as Pilot in Command (PIC). Minimum of **50** hours in make and model.
- For the operation of any multiengine aircraft, the pilot shall have a minimum total time of **1,000** hours as Pilot in Command (PIC). Minimum of **250** hours in multiengine and a minimum of **50** hours in make and model.
- For the operation of any turbine powered aircraft, the pilot shall have a minimum total time of **1,000** hours as Pilot in Command (PIC). Minimum of **100** hours turbine and a minimum of **50** hours make and model.
- Minimum of **50** hours as PIC shall have been flown and logged within the 12 months immediately preceding the flight.
- Minimum of **12** hours flown and logged during the previous 90 days. *(This requirement can be waived if the pilot completes 2 hours of dual training with a certificated flight instructor prior to flying an angel flight.)*
- Pilot shall have a currently valid medical certificate, a current flight review, and an instrument rating applicable to the aircraft to be flown by said pilot, and shall be current with applicable flight times and rules as set forth in the FARs.
- Minimum of one million dollars (\$1,000,000) liability insurance with not less than \$100,000 per seat shall be in force on any aircraft to be used for angel flights.
- Aircraft must be properly registered, licensed, and airworthy. It is

recommended that aircraft engine be overhauled prior to reaching manufacturer's recommended Time Between Overhaul (TBO).

- No pilot of 75 years of age or older shall be permitted to fly an angel flight. *(This requirement can be waived with approval of the VPO's Safety Council.)*

In addition to above listed qualifications, the following actions have been implemented:

- Mandatory annual recertification by Volunteer Pilot (must certify that minimum standards are met to remain an active pilot).
- Mandatory affirmation that all qualifications are met prior to date of a flight you have accepted. This will be built into our flight coordination system.

Developing a Culture of Safety

Besides the Volunteer Pilot Requirements listed above, the following actions will be taken to develop a culture of safety within our organizations:

- Establish safety page on website.
- Add a safety article to each newsletter.
- Establish Pilot Mentorship program where veteran pilots are teamed with new pilots.
- Increase emphasis on safety during pilot orientation.
- Promote Air Safety Foundation (ASF) website (www.ASF.org) where safety courses, quizzes, and advisories are readily available.
- Encourage new pilots to fly with a veteran angel flight pilot prior to accepting their first flight as PIC.

Update terminology to remove undue pressure on pilots.

Volunteer Pilot Standards

- Patient legs will only be flown by pilots meeting minimum requirements established by MMA/AFMA/ALH.
- Co-pilots, when required, must meet minimum pilot requirements.
- Pilots must be IFR current.
- Pilots must be day and night current to carry passengers.

- Pilots must hold current medical certificate.
- Aircraft utilized for patient transport must be airworthy as defined by FAA regulations and, to the pilot's best knowledge, be free of any and all defects that could in any way compromise the safety of the flight.
- Pilots must have competent knowledge of aircraft systems, emergency procedures, avionics operation, etc., for aircraft used for patient transport.
- NGF call sign is only to be used for patient legs of flight.
- Pilots must complete Go/No-Go checklist; patient, passenger, co-pilot release forms, and post-flight report.
- Pilots are requested to use non-punitive report process to communicate any and all situations where, when safety of flight was compromised.
- Pilots are requested to provide feedback on weather, airports, ATC, other pilots, etc., that could compromise safety for future flights.
- Patient legs must only be flown under an IFR flight plan except for Visual Approach IFR cancelation.
- Passengers and crew of all patient transport flights must be restrained by FAA-approved seat belts or FAA-approved child safety seat. The only exception shall be change of seat position, quick access to luggage, care and/or feeding of child or use of lavatory.
- Pilots will consult available weather products, wind sock, etc., to verify departure will be from correct runway relative to wind conditions.
- Pilots will utilize computer devices and reading material only as these are pertinent to safe operation of the flight, and will refrain from any and all distractions that could compromise safety of flight.
- Pilots will utilize and brief passengers that a sterile cockpit condition exists during taxi and takeoff until reaching cruise altitude and also during descent from cruise altitude, descent, approach, landing and taxi to ramp.

Volunteer Pilot Best Practices

- Be well rested and healthy for flight.
- Set aside plenty of time—don't be rushed.
- Cancel if you don't feel right or feel stressed out.
- Verify in advance that parent/guardian has approved safety seat for child/infant.
- In IMC conditions, plan to land at airport, with a precision approach.

- Add 100 feet to all approach minimums, especially at night.
- Night landing should only be to runways with functional vertical guidance (VASI, PAPI, ILS, GPS).
- Do not attempt circling approaches at night.
- Utilize qualified co-pilot when destination is busy Class B airspace with potential high workload. If not available, be thoroughly briefed and organized.
- Add 50% to POH runway length to clear the obstacle for take-off and landing under ambient conditions.
- IMC take-off: add 50% to approach landing minimums. (Example: FDK minimums 200/1/2, take-off should be at least 300/1)
- If destination is unfamiliar, obtain briefing from pilot with experience with that airport prior to flight.
- Expect the unexpected.
- Thoroughly brief passengers on what to expect during flight.
- If in doubt or have lack of confidence, cancel.
- Fly safe or don't fly.

Volunteer Pilot Go/No-Go Checklist

	EXCELLENT	OK	MARGINAL	POOR
<u>Pilot</u>				
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepared/Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Aircraft</u>				
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel reserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-flight Equipment sufficient for flight conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight and balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Weather</u>				
Current & Forecast Conditions				
Departure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain if “Marginal” or “Poor”: _____

<u>Other</u>	YES	No
Child safety seat	—	—
Passengers briefed	—	—
Pre-departure weather briefing	—	—
Verify departing on correct runway	—	—
Release forms signed	—	—

Flight # _____

Pilot Signature _____

Date _____

Addendum



Angel Flight Mid-Atlantic/Airlift Hope Annual Pilot Affirmation

Angel Flight Mid-Atlantic/Airlift Hope believes that its pilots should maintain a certain level of proficiency in their flying to function as Pilot in Command.

Angel Flight Mid-Atlantic/Airlift Hope does not conduct recurrent training or proficiency flight checks, but does expect the Pilot in Command to maintain proficiency. Angel Flight Mid-Atlantic/Airlift Hope has set the following proficiency standards that must be affirmed by the Pilot in Command annually:

- I hold a current and valid private Pilot’s certificate and a current and valid medical certificate.**
- I meet the minimum total time requirements per published standards: (500 hours for single engine – 1,000 hours for multi engine)**
- I will accept flights only when I have flown at least 12 hours within the previous 90 days or I have completed at least 2 dual training hours with a CFI.**
- I am Instrument Rated**
- I have insurance coverage in effect (liability minimum \$1,000,000).**
Name of Insurance Company: _____ Policy #: _____
- I agree to abide at all times by applicable FAA Rules and Regulations in the conduct of flights, and to provide transportation in an “airworthy” aircraft, as defined by the FAA Rules and Regulations.**

Signature Date

NAME (Last/First/Middle): _____

Please Print

DATE OF BIRTH: ____/____/____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DAY PHONE: () _____ - _____ CELL PHONE: () _____ - _____

EMAIL: _____