

KDAC Young Eagles Flight Commander Application



Personal Information

Name	
Date of Birth	
Street Address	
Post Code	
Home Phone	
Mobile Phone	
E-Mail Address	
Drivers licence number	

Flying Experience

License Held	
Medical Class	
BFR Due	
Medical Expiry	
CAA Client Number	
Total flight time	
Total PIC time	
Aircraft Type Ratings	
Preferred Type(s)	
Flying NZ Platinum badge expected in the next 3 years?	
Total Young Eagles flights	

Signature

Pilot Name (printed)	
Signature	
Date	
CFI Name (printed)	
Signature	
Date	

Please complete and send to fly@kapitiaeroclub.co.nz or Kapiti Aero Club, PO Box 92, Paraparaumu 5254