

Capitol City Flyers, Inc
Application for Stock Purchase



www.capcityflyers.org

Full name _____

Home address _____ City _____ Zip _____

Own ____ Rent ____ Years at this address: ____ If less than 5, please list prior.

Prior address _____ City _____ Zip _____

Email address _____ Birth date _____

Phone (home) _____ Work _____ Mobile (optional) _____

Social Security Number: _____

Occupation _____ Employer _____

Pilot Certificate # _____ Drivers License # _____

Certificate type and ratings _____

Hours flown: Total _____ Last 12 months _____ Last 6 months _____

Type aircraft flown and approximate time in each: _____

Aircraft accidents or license suspension? Yes ____ No ____ (If yes, explain on reverse)

Date of most recent FAA medical exam: _____ Exam physician _____

Date of last biennial review _____ Biennial instructor/examiner _____

Banking and other credit reference (include your recent FBO):

1) _____

2) _____

I have not had my pilot's or driver's license surrendered, suspended, revoked or been arrested for or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol in the past 36 months. I affirm the statements in this application are true to the best of my knowledge and belief. If accepted by the Board of Directors of Capitol City Flyers Inc, I will abide by the Capitol City Flyers operational rules and by-laws and all applicable FAA regulations.

I authorize Capitol City Flyers Board of Directors to make credit inquiries related to this application.

I understand that operating an aircraft has inherent dangers and I accept those dangers as my own personal responsibility. I agree to hold harmless the Board of Directors and individual members of Capitol City Flyers, Inc as well as the non-profit corporation of Capitol City Flyers, Inc for any acts of negligence or omission in connection with my use of Capitol City Flyers, Inc aircraft. If my account with Capitol City Flyers is grossly overdue (90 days) I understand Capitol City Flyers, Inc may repossess my stock without compensation to me.

Signature of applicant _____ Date _____