

2015 WINGS WEEKEND PILOT REGISTRATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (OPTIONAL) _____

PILOT CERTIFICATE TYPE _____

MEDICAL CLASS _____ EXP DATE _____

DO YOU OWN AN AIRCRAFT: YES ___ NO ___

AIRCRAFT TYPE _____ N-NUMBER _____

WHICH DAYS ARE YOU PLANNING TO ATTEND FRIDAY () SATURDAY ()

FOR PLANNING PURPOSES INDICATE WHETHER YOU PLAN TO STAY FOR DINNER

FRIDAY EVE () (This does not constitute a commitment)

Please mail this form to:
IDOT Division of Aeronautics
Attn: Carol Para
1 Langhorne Bond Drive
Springfield, Illinois 62707
Or email to Carol.Para@illinois.gov

Pilot Responsibility Statement*

During participation in the WINGS pilot proficiency award program, I understand that I will be required to act as pilot in command in accordance with 14CFR 91.3 "Responsibility and Authority of the Pilot in Command". I also understand that my flight instructor will not act as pilot in command during any portion of the flights that I make as part of this program.

I currently possess the certificates and ratings that I am required to have in accordance with 14CFR 61.5 to fly the aircraft that I intend to use in the WINGS pilot proficiency award program. I certify that I meet the recent flight experience requirement outlined in 14CFR 61.57 at act as pilot in command of that aircraft.*

I also certify that the aircraft that I intend to fly meets the requirements of 14CFR 91.409 with regard to required inspections. I understand that it is my responsibility to determine that the aircraft is in an airworthy condition before any flight and that it is also my responsibility to conduct the preflight actions required by 14CFR 91.103 prior to any flight in the WINGS pilot proficiency award program.

I also agree not to carry any passengers during the training that I do during my participation in the WINGS pilot proficiency award program.

Signature _____ **Date** _____

*Signature not required when renting aircraft and utilizing aircraft from Central Illinois Air