



# STATE OF ARKANSAS DEPARTMENT OF AERONAUTICS

Little Rock National Airport • 2315 Crisp Drive • Hangar 8  
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The 50<sup>th</sup> annual Arkansas Flight Instructor Refresher Clinic will be held February 13 – 14, 2016 at the **Jacksonville Community Center, #5 Municipal Drive, Jacksonville, Arkansas**. Class check-in will be held from 7:00 a.m. to 7:45 a.m. and class will start at 8:00 a.m. You must be on time!!!

Certified Flight Instructors may have their UNEXPIRED certificate revalidated by attending both days (16 hours) of the clinic. The two day clinic is sponsored and underwritten by the ARKANSAS DEPARTMENT OF AERONAUTICS and will be presented by GAITS AVIATION SEMINARS, INC. A "working lunch" will be provided both days of the seminar. Refreshments will be served in the morning before class begins.

**PLEASE NOTE:** Due to limit on class size (175), the following will apply:

1. Pre Registration only –No Registration at the door.
2. Arkansas CFI's who must revalidate for currency will be given priority.
3. Pre-Register ASAP and no later than **Monday, February 1, 2016**.
4. Registration fee (check) must accompany the registration form.
5. There will be absolutely no refunds – under any circumstances.

**TO ATTEND THIS SEMINAR AND RENEW YOUR CERTIFICATE YOU MUST:**

1. Fill out (legibly!), detach and **RETURN THE FORM BELOW**.
2. Include a clear copy of **BOTH SIDES** of your **SIGNED** CFI certificate.
3. Complete and return the attached 8710-1, completing **ONLY THOSE SECTIONS THAT ARE HIGHLIGHTED IN YELLOW ON THE FRONT AND BACK**. Complete the Medical Section only if you have a current medical certificate. A medical certificate is not required for renewal.

**NOTE: If you are NOT renewing your certificate, you are NOT required to complete items 2 & 3 above.**

To register for this Refresher Clinic you **MUST** return this information form no later than February 1, 2016. Make **\$50.00 CHECK** payable to "CFI Clinic" and mail to **Arkansas Department of Aeronautics, 2315 Crisp Drive, Hangar 8, Little Rock, AR 72202**.

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**NAME:(Please Print)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CERTIFICATE NUMBER:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **AGE:** \_\_\_\_\_