

**Aviation Facilities Inc. [AFI]
Rental Application**

Today's Date _____ Anticipated Move In Date _____

VIP Hangar

AFI TieDown

Name _____

Address _____ City _____

State _____ ZIP _____

Phone # Home _____ Work _____

Mobile _____

Drivers Lic # _____ State _____

Email Address _____

Personal References

| Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Emergency Contact

Name _____ Phone # _____

Aircraft Information

N# _____ Type _____ Year _____

Last Annual Date _____ Copy Of Registration

Insured By _____

Years of Aircraft ownership _____

Est. Flight Hours Per Year _____

Aircraft Owner

Name _____ Address _____

Partners Information

Name _____ Address _____

Name _____ Address _____

Signature of Applicant

Date _____

Note: [Signature authorizes AFI to compete credit and background checks]