



AIRCRAFT INFORMATION

NAME _____
CONTACT PERSON / PHONE _____
DATE _____

AIRCRAFT MAKE / MODEL / N-# _____
PASSENGER SEATS _____
PAX/LUGGAGE PAYLOAD (gross minus full fuel, PIC & SIC) _____
FUEL BURN, GPH _____ FUEL CAP., GAL. _____
AVG. TAS, KNOTS _____
LAST ANNUAL _____
IFR? _____
RADAR? _____
STORMSCOPE? _____
KNOWN ICE? _____
GPS? _____
PRESSURIZED? _____
STRETCHER CAPABLE? _____

AIRCRAFT IS AVAIL:
(M-F WEEKENDS ANYTIME SUMMER WINTER)
(YEAR ROUND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC)

PREFERENCES FOR PIC / SIC: _____

Send to:
Steve Nelson, Safety Director
24234 Chesley Trail
Hampton, MN 55031
651-460-6616
support@Genave.com