

# Nebraska Flight Center

## Customer Information Form

### Contact Information

Name:	
Street Address:	
City, State, Zip Code:	
Home Phone:	
Work Phone:	
Mobile Phone:	
Text Function?	Y: _____ N: _____
e-mail Address:	
Occupation:	

Aircraft Owner?	Y: _____ N: _____
N-Number:	
Year:	
Make and Model:	

<b>Certificates &amp; Ratings:</b>	Student __	Sport __	Private __	Comm __	ATP __	A&P __	ATC __
------------------------------------	------------	----------	------------	---------	--------	--------	--------

Instr _____	CFI _____	CFII _____	Single _____	Multi _____	Sea _____	Turbine _____
-------------	-----------	------------	--------------	-------------	-----------	---------------

### Emergency Contact:

Relationship:	
Name:	
Street Address:	
City, State, Zip Code:	
Home Phone:	
Work Phone:	
Mobile Phone:	
Text Function?	Y: _____ N: _____
e-mail Address:	
Occupation:	