

## AVIATION QUESTIONNAIRE

**Client's Name** \_\_\_\_\_

1. Is your client a pilot?

Crew member?

Passenger?

2. What lever of license/certificate does your client hold? \_\_\_\_\_

3. Is your client FAA medical certificate current?

yes

no

4. Total hours flown? \_\_\_\_\_

5. What is the purpose of your client flying? \_\_\_\_\_

How many hours did your client fly last year? \_\_\_\_\_

How many planned for next year? \_\_\_\_\_

What type(s) of aircraft does your client fly? \_\_\_\_\_

Date of your client last flight: \_\_\_\_\_

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775