



CLIENT REQUEST FORM

Section 1 - Company Details	
Company Name	
Company Address	
City	
State	
Country	
Postal Zip Code	
Primary Phone	
Primary Fax	
Contact Name	
Contact Position Held	
Contact Number	
Contact E-mail	
Secondary E-mail	
Section 2 - Positions to be Filled	
Number of Positions	
Length of time required	
Primary Base of Operations	
Flight Region	
Alternate Base	
Commutable Roster (YES or NO)	
Roster Pattern	
Apprx. Hours per Week	
Apprx Hours per Month	
Apprx Hours per Block	

Section 2 - Positions to be Filled (Cont)

Length of Block in Days	
AC type # 1	
Model	
Total Flight Time	
EFIS (YES or NO)	
Aircraft Type # 2	
Model	
EFIS (YES or NO)	

Section 3 - Pilot Specifics

Pilot has to be rated on Type?	
Will company bond or pay for training/type rating if required?	
Gender Bias	
Ages Restrictions	
Minimum Hour Requirement	
Minimum MTOW experience requirement	
Jet Experience Requirement	
Minimum hours on type	
Type of Licence requirement	
Type of Licence Preference	
Country of Licence	
Language Requirements	
Work Permits	
Who arranges work permits	
Sponsored Accommodation	
Assist with Accommodation	
Relocation Package	
Compensation Packages	
Perks	
Health Insurance Provided	
Life Insurance provided	
Loss of Licence Insurance Provided	

Please fill out if any requirements are needed for crew:

Signed : _____

Date : _____

For Office Use Only :