



# AIRCRAFT

I own \_\_\_\_, have access to \_\_\_\_, this airplane.

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone wk \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ hm \_\_\_\_\_  
 \_\_\_\_\_ cell \_\_\_\_\_

email: \_\_\_\_\_

► **Required:** Send PHOTOGRAPHS of AIRPLANE showing: \* side profile, \* interior, \* doorway, \*steps/rungs/footholds. Submit on **disc, email, or actual prints**. DO NOT FAX. These photos will show patients how one enters and exits the aircraft.

## ► AIRPLANE INFORMATION

Make: _____	Model: _____	Type: _____	N#: _____	Engines: _____ SEL MEL	H ours in Type: _____
Date of last Annual: _____	Date of last VOR: _____	Location of airplane - City: _____ Airport identifier: _____			
# of seats (include PIC and SIC seats): _____	Do seats recline? Y N	To what degree _____°			
Can a patient 'stretch out' in a seat and/or prop their feet up on the seat in front of them? Y N					
Describe: _____					
ESTIMATE: How much patient, passenger, luggage, etc weight can you carry? [NOT USEFUL LOAD WEIGHT] Do not exceed _____ lbs of patient, passenger, luggage, cargo – i.e. wheelchair, stroller, oxygen cylinders, etc... <i>(Do not include PIC, SIC, or fuel weights)</i>					
Minimum runway length _____ ft	Average true airspeed _____ nm	Fuel burn / hour (gallons): _____ gal			
To board airplane: (circle) climb onto wing door on side steps fold down					
<b>Important:</b> Size of doorway opening: HEIGHT _____ ft _____ in X WIDTH _____ ft _____ in					
# of steps or footholds: _____ Height of <u>first</u> step or foothold from ground: _____ inches Height of second step from first: _____ inches					

## ► EQUIPMENT

IFR	Y	N	Radar / Stormscope	Y	N
De-ice	Y	N	LORAN / GPS	Y	N
RNAV	Y	N	Pressurized	Y	N
other			Other		

Is airplane <b>STRETCHER</b> equipped? Y N	Type of certification approval: _____
Would you consider equipping your airplane with a stretcher? Y N Not at this time	

- I can do flights requiring fuel stops Y N Flying distance before re-fueling (IFR): \_\_\_\_\_
- Number of flights I can do per month \_\_\_\_\_
- Put me on the contact list for **EMERGENCY FLIGHT NOTIFICATIONS**. I'm willing to take calls **anytime** (24/7). Y N
- Put me on the contact list for **SHORT NOTICE FLIGHTS** (up to 48 hrs before the patient's appointment). Y N

► **RETURN TO: Wings of Mercy \* 100 South Pine Street \* Zeeland, MI 49464 \* Fax 616-748-6093**