



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	Average true airspeed	Fuel burn / hour (gallons):			
ft	nm	gal			
To board airplane: (circle) climb onto wing door on side steps fold down					
Important: 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 STRETCHER 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