



**Crew Rest Flying Club New Member In-Processing**  
Version 2 - 02 Feb 2025

Introduction: Welcome to Crew Rest Flying Club! Before we can get you in the cockpit, we need to complete a few steps to get you access to the aircraft, facilities, and then checked out in the aircraft. Please complete the following checklist items in “Before First Flight” and notify the chief pilot upon completion. Please note that badging process can take some time, and your membership period will not begin until the administrative tasks are complete (membership effective date).

Member Information		
Member Name:		Checklist Start Date:
Membership Effective Date:	<small>(CRFC Admin)</small>	Membership Number
Expiration Date:	<small>(CRFC Admin)</small>	<small>(CRFC Admin)</small>

**CREW REST FLYING CLUB NEW MEMBER CHECKLIST**  
**Before First Flight**

Member Name:	Member Number:	Who	Completion
Submit Application		Member	
Hangar and Aircraft Tour (optional)		Both	
Sign and Submit Operating Rules and Member Agreement (enclosed)		Member	
Complete Newport News Badging Process		Member	
	Submit Badging Application (enclosed)	Member	
	Complete Required Testing	Member	
	Obtain Badge and Vehicle Access	Member	
Setup CRFC Payment and Submit dues		Member	
Add to Insurance Policy		CRFC	
Add to Scheduling App		CRFC	
Study POH/Applicable Airport and FAA Operating Rules		Both	
Complete Walk Around and Hangar Familiarization		Both	

**Flight Check Out**

Complete Check out	Both	
Logbook Endorsement	Both	

**Night Add On**

Complete Night Checkout with approved CFI	Member	
---	--------	--

I certify that \_\_\_\_\_ has completed all requirements to exercise all privileges of Crew Rest Flying Club Members:

CRFC Administrator: \_\_\_\_\_ Date: \_\_\_\_\_



## Crew Rest Flying Club New Member Application

Version 1 CAO 15 Jan 2025

Thank you for your interest in joining Crew Rest Flying Club! Please remember that all applicants must be citizens of the United States, have a minimum of 100 hours total time, possess at least a FAA private pilot certificate and a valid FAA class 3 medical or military equivalent IAW FAR 61.23.B.11, and demonstrate proficiency in the operation of single engine fixed wing aircraft. Please complete and submit this application either by email or mail to Crew Rest Flying Club, 1 Friedman Pl, Newport News, VA 23608.

### Applicant Information

Name:		
Address:		
Citizenship:		Application Date:
Phone:	Email:	DOB/Age:
Emergency Contact		
Phone:	Email:	
Address:		

### Employer Information

Employer:	
Address:	
Phone:	Occupation:

### Pilot Information

Certificate Number:		EXP (if Applicable):
Total Time:	PIC:	Last 6 Months:
Certificate Types:		Medical Type/Date:
Endorsements:		BFR Date:

### Insurance Information

Aircraft Insurance History	YES	NO
Have you had any claims or losses within the last five years?		
Has any insurer cancelled, declined, or refused to renew any aviation insurance for you?		
Do you have any physical impairments, waivers or statement of demonstrated ability (other than corrective lenses), limitations, or conditions attached to your medical certificate?		
Do you have any convictions, suspensions, or revocations for FAR violations, use or possession of drugs or reckless or drunk driving?		
Have you ever been involved in any accident or mishap or incident?		
Please explain "Yes" answers in the space below:		

**Please provide photocopies of your pilot's certificates and medical/AF2992 at time of submission.**

I certify that all statements or representations contained on this application are true and correct and that I have read, understand, and agree with all particulars contained here within.

I understand that the governing authority and membership of Crew Rest Flying Club determine my acceptance in the club. If accepted, I agree to adhere to the procedures and regulations as outlined in the Club's Bylaws, Operating Rules, and training.

I will pay my membership dues  \$250 billed monthly for a minimum of 6-months  \$1500 one time 6-month membership (select one).

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CRFC Chief Pilot or Designated Administrator</b>		
<b>This Application for membership was:</b>	<b>Approved</b>	<b>Denied</b>
CRFC Signature:		Date:
Member Ship Effective Date:		<b>Membership Number</b>
Expiration Date:		

Ladd Gardner Aviation Insurance Agency, Inc.  
 PO Box 183  
 Addison, TX 75001  
 Office: (972) 250-0400 Fax: (972) 250-0401  
 www.lgainsurance.com



### PILOT HISTORY FORM

NAME		D.O.B.	
ADDRESS	CITY	STATE/ZIP	
EMPLOYER	DATE EMPLOYED	POSITION	
AIRMEN'S CERTIFICATE #	NAMED INSURED		
HOME PHONE	WORK PHONE	FAX NO.	
EMAIL ADDRESS			

<b>FLYING EXPERIENCE SUMMARY (LOGGED HOURS)</b>	<b>CURRENT CERTIFICATES AND RATINGS</b>
---	---

	TOTAL	LAST 12 MONTHS	LAST 90 DAYS	
ALL AIRCRAFT				<input type="checkbox"/> Student <input type="checkbox"/> Instructor
Tailwheel				<input type="checkbox"/> Private <input type="checkbox"/> Rotorcraft
Retractable Gear			<input type="checkbox"/> Commercial <input type="checkbox"/> Glider	
Multiengine			<input type="checkbox"/> Airline Transport <input type="checkbox"/> Lighter Than Air	
Turboprop			<input type="checkbox"/> Single-Engine Land <input type="checkbox"/> A & P Mechanic	
Jet			<input type="checkbox"/> Multiengine Land <input type="checkbox"/> Aircraft Inspector	
Rotorcraft			<input type="checkbox"/> Centerline-Thrust <input type="checkbox"/> Other:	
Instrument			<input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Type Ratings:	
Actual			<input type="checkbox"/> Multiengine Sea	
Simulated (Hood)			<input type="checkbox"/> Instrument	
Instructor				
Sea				

<b>LOGGED HOURS IN MODEL(S) TO BE INSURED</b>	<b>LAST BIENNIAL FLIGHT REVIEW</b>
---	------------------------------------

Aircraft Model	TOTAL	LAST 12 MONTHS	LAST 90 DAYS	
				Date _____ Model Used _____
				<b>MEDICAL CERTIFICATE</b>
				Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
				Date of Last Physical _____

- |  |                    |
|--|--------------------|
| 1. As pilot, any aircraft accidents?   | 1. ___ No ___ Yes* |
| 2. Ever cited for violating civil or military flight regulations?  | 2. ___ No ___ Yes* |
| 3. Ever convicted or pled guilty to a felony?  | 3. ___ No ___ Yes* |
| 4. Ever arrested for driving under the influence of drugs/alcohol?   | 4. ___ No ___ Yes* |
| 5. Any waivers or limitations on your Medical Certificate? (Attach copy of any Certificate or Demonstrated Ability). | 5. ___ No ___ Yes* |
| 6. Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you?         | 6. ___ No ___ Yes* |
- \* Explain each "Yes" answer. Include dates and details. If more space is needed, use back of form.

PROFICIENCY/RECURRENT TRAINING attended for specific models: (Attach copy of completion certificate)			
School-Location	Date Attended	Aircraft Model	Hours flown
			Simulator      Flight

I represent that all information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_