

# DAEDALUS AVIATION DISPATCH & PREFLIGHT FORM

RENTER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AIRCRAFT MAKE/MODEL: \_\_\_\_\_ N NUMBER: \_\_\_\_\_

I ACCEPT OR I DECLINE THE FIVE DOLLARS OF DEDUCTIBLE COVERAGE.

YES NO YES NO

- |   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> VALID PILOT & MEDICAL CERTIFICATE | <input type="checkbox"/> <input type="checkbox"/> IDENTITY VERIFIED     |
| <input type="checkbox"/> <input type="checkbox"/> ACCOUNT IN GOOD STANDING          | <input type="checkbox"/> <input type="checkbox"/> QUALIFIED IN AIRCRAFT |
| <input type="checkbox"/> <input type="checkbox"/> COMPLETED PILOT FORMS             | PER SECT. 3 OF OPERATIONS MANUAL  |

IF NO, EXPLAIN: \_\_\_\_\_

HOURS TO 100 HOUR: \_\_\_\_\_ ANNUAL DUE: \_\_\_\_\_ VOR: \_\_\_\_\_

TRANSPONDER DUE: \_\_\_\_\_ ALTIMETER DUE: \_\_\_\_\_ ELT DUE: \_\_\_\_\_

SQUAWKS: \_\_\_\_\_

DEPARTURE TIME IN UTC: \_\_\_\_\_ RETURN ETA IN UTC: \_\_\_\_\_

ROUTE (CIRCLE FUEL STOP): \_\_\_\_\_

NUMBER ON BOARD AND NAMES: \_\_\_\_\_ NAMES ON BACK OF SHEET

FUEL ON BOARD HOURS: \_\_\_\_\_ MINUTES: \_\_\_\_\_ TOTAL GALLONS: \_\_\_\_\_

TOTAL WEIGHT: \_\_\_\_\_ CG: \_\_\_\_\_ MOMENT: \_\_\_\_\_

MAXIMUM WEIGHT: \_\_\_\_\_ CG MOMENT/RANGE: \_\_\_\_\_

WEATHER	DEPARTURE	DESTINATION
WIND	_____	_____
VISIBILITY	_____	_____
CEILING	_____	_____
TEMP/DEW PT.	_____	_____
ALT. (D.A.)	_____	_____

**PERFORMANCE**

TAKEOFF DISTANCE: \_\_\_\_\_ LANDING DISTANCE: \_\_\_\_\_

ACCELERATE STOP DISTANCE: \_\_\_\_\_

ENGINE-OFF GLIDE SPEED: \_\_\_\_\_ X-WIND COMPONENT: \_\_\_\_\_

**I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENTS ARE TRUE AND CORRECT. PILOT SIGNATURE:** \_\_\_\_\_

INSTUCTOR SIGNATURE (SOLO ONLY): \_\_\_\_\_

DISPATCHER'S SIGNATURE: \_\_\_\_\_

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