



EXHIBIT F-1 East Michigan

Line Number

PILOT IN COMMAND PREFLIGHT CERTIFICATION

Please complete this form PRIOR TO DEPARTURE and

Fax to: (248) 360-3922

If unable – RETURN WITH MISSION REPORT

DO NOT CARRY COMPLETED FORM ON BOARD DURING MISSION

PIC	Second Pilot
DATE OF MISSION	AIRCRAFT N #
ROUTE OF FLIGHT	
RECIPIENT	
PASSENGERS	

I meet the Wings of Mercy Annual Flight Review requirement.

I have a current Flight Review. (FAR Part 61).

I have a current Airman's Medical Certificate (FAR Part 61).

I meet the currency requirements of FAR Part 61 pertaining to this flight.

The aircraft listed above has had a current Annual or Progressive Inspection, a current Instrument Certification (Pitot/Static check), and meets the licensing and maintenance requirements described in Part 91 of the Federal Air Regulations.

I understand that Wings of Mercy has only coordinated this flight; that safety is always paramount; and that I always retain the final authority to decide whether or not to transport the recipient and passengers to the destination shown above on the date listed.

I certify that I have complied with the preflight actions listed in Part 91 of the Federal Air Regulations.

PIC Signature: _____ **Date:** _____