



Full Flight Training Facility

Sightseeing Tours

5296 Bell School Line, Burlington, ON

L7M 0P1

Tel: 905-336-4010

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info@spectrumairways.com

TRANSIENT AIRCRAFT REGISTER

DATE: _____

REGISTRATION: _____

TYPE: _____

Name of Pilot: _____

Owner of Aircraft: _____

Home Address: _____

Local Address: _____

Telephone Number: _____

Telephone Number: _____

Intended Date of Departure: _____

Number of Nights: _____ @ \$10.00 per night = \$ _____ (plus G.S.T.)

I, the undersigned, fully understand that the charges being applied are for the parking space only and hereby release Spectrum Airways Ltd. And Kovachik Aircraft Services Limited from all liability for any damage to the aircraft, however caused, while the aircraft is in the care, custody or control of 514744 Ontario Ltd. o/a Spectrum Airways or Kovachik Aircraft Services Limited.

Signature: _____

*** PLEASE ENSURE THAT YOU PAY FOR ANY AVGAS OR OIL THAT YOU TAKE AT THE TIME OF PURCHASE. UNFORTUNATELY, WE CANNOT EXTEND CREDIT UNTIL YOUR DEPARTURE FOR THESE SERVICES. THANK YOU. Doc.: Transient Aircraft Register