



Vendor Audit Form

Company Name _____

Address _____

Office Phone # _____

Office Fax # _____

Director Ops. _____

Website: _____

Chief Pilot _____

E-Mail: _____

Dir. Maintenance _____

Charter Personnel	Title / Position	24 Hour Contact #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of years as an air taxi operator _____

FAA office having jurisdiction over operations _____

Principle Operations Inspector _____

Telephone Number _____

Principle Maintenance Inspector _____

Telephone Number _____

ARG US Rating:	DNQ	Silver	Gold	Platinum	
Insurance Certificate:	Yes	No	FAA ATCO:	Yes	No
Anti-Drug Letter:	Yes	No	Airmen Information:	Yes	No
Crew Sim. Based:	Yes	No	Other:	_____	
Training: In-house Only:	Yes	No	_____		
Company ID Code:	_____		Number:	_____	

Vendor Approved? Yes No



IDENTIFICATION

Type: _____ Reg. Number: _____
Year of Manufacture: _____ Serial Number: _____
Airport Location: _____ FBO Name: _____

Interior Colors & Materials: _____
_____ Date Interior Completed: ____ / ____ / ____

Exterior Colors & Design: _____
_____ Date Exterior Completed: ____ / ____ / ____

PERFORMANCE

Endurance IFR (Hours): _____ Crew Seats: _____
Cruise Speed KTS: _____ Passenger Seats: _____

COST

Flight Charges: \$ _____ per (Hour/Mile) Min. Use: _____ (Hours/Miles per day)
Flight Attendant: \$ _____ per Day Landing Fees: \$ _____ per Landing
RON: \$ _____ per Crew Member Waiting Fees: \$ _____ per Hour
Co-Pilot: \$ _____ per (Hour/Day)

Misc: List any special rate structures that may apply (i.e. high density airport fees, short leg charges, or service charge per leg):

_____ High density airport fees if applicable _____

MAINTENANCE

Type of inspection program: _____

Aircraft maintained by (primary): _____

Light maintenance by: _____

Total time on engines: Left: _____ Right: _____ Total time airframe: _____

Approved MEL? Yes _____ No _____

Overwater Equipped? Yes _____ No _____



Reg # _____

AMENITIES

Please circle Yes or No for all choices.

Full Galley	Yes	No	Flight Phone	Yes	No	→	Direct Dial	Yes	No
Mini Galley	Yes	No	Berthable Seats	Yes	No	→	How Many	_____	
Enclosed Lav	Yes	No	TV	Yes	No	→	How Many	_____	
Cabin Divider	Yes	No	VCR / DVD	Yes	No	→	How Many	_____	
Stereo	Yes	No	Airshow	Yes	No	→	Type	_____	
CD	Yes	No	Head Phones	Yes	No				
Cassette	Yes	No	Smoking Permitted	Yes	No				

Others: _____

Areas of Operation: _____

Overflight Permit? Yes No

Details of Permit: _____

CABIN CONFIGURATION/BASIC SEATING DIAGRAM

Please sketch or attach cabin configuration below or attach a separate sheet



Company Name: _____

This is to verify that our pilot training program meets the standards set forth by federal regulation and has been approved by the FAA.. Further, our pilots' training is conducted **(check the appropriate line under each heading)**:

CAPTAINS:

Simulator based semi-annually: _____
 Simulator based annually: _____
 Simulator for initial only: _____
 All in-house/in aircraft: _____

FIRST OFFICERS:

Simulator based semi-annually: _____
 Simulator based annually: _____
 Simulator for initial only: _____
 All in-house/in aircraft: _____

If other than 'Simulator based semi-annually' for all pilots please attach a brief description of training program.

All pilots meet the minimum experience requirements outlined below for the type of flying they perform for our company.

	PIC	SIC
JET FIXED WING		
Total Time	3500	2000
Pilot-In-Command	2000	300
Jet Time	1000	50
PIC Jet	250	--
Time in Type	100	25

TURBO/PISTON FIXED WING		
Total Time	2500	1500
Pilot-In-Command	1500	300
Turbo-Prop Time	500	50
PIC Turbo-Prop	250	--
Time in Type	50	25

HELICOPTER TURBINE		
Total Time	2500	1500
Pilot-In-Command	1500	300
Turbine Time	500	50
PIC Turbine	250	--
Time in Type	50	25

