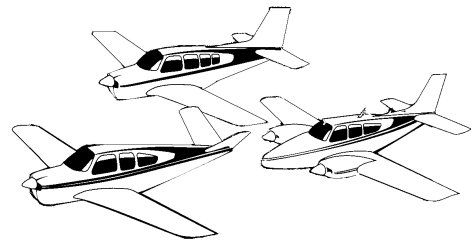


Bonanza/Baron Pilot Proficiency Programs, Inc.

4519 St Rt 534
Rome, Ohio 44085
Phone: 800 377 4180 or 440-474-4588
Fax: 440 474-4568



FLIGHT INSTRUCTOR HISTORY FORM

Name _____ ABS Membership # _____ S.S.# _____

Address _____ City _____ State _____ Zip _____

Spouse _____ E-Mail Address _____

Employer _____ Occupation _____

Work phone _____ Home phone _____ Fax Phone _____

Can you provide own transportation to a PPP? Yes No - Your Aircraft Model ___ N _____

Certificate & Ratings: Commercial Instrument ATP Multi Engine
Instructor Instrument Instructor Multi Engine Instructor A&P IA
Other Ratings _____

Please attach a photocopy of your licenses and medical certificate to this form.

Logged Pilot Flying Hours

Single Engine	_____
Single Engine Retractable	_____
Multi Engine	_____
Instrument	_____
Hours in Bonanza	_____
Hours in Baron/Travel Air	_____
Bonanza Instruction Given	_____ in last 12 months _____
Baron/Travel Air Instruction Given	_____ in last 12 months _____
Total Hours Instruction Given	_____ in last 12 months _____
Total Flying Time	_____ in last 12 months _____
These hours can be verified by log books or other written records Yes No	

What models Bonanzas are you most familiar with? _____

What models GPS and AutoPilots are you comfortable teaching _____

Are you comfortable/experienced at giving dual instruction in aircraft without dual controls? _____

Other experience you have that would be beneficial to the Bonanza/Baron Pilot Proficiency Programs _____

Ever been cited for violation of FAR? Yes No If yes, give details _____

Ever had pilot's license or driver's license suspended or revoked? Yes No If yes, give details _____

Ever had an accident involving damage to an aircraft piloted or injury to a third party? Yes No

If yes, give details _____

I affirm that the statements made here are correct, that I am qualified and current as a FAA Licensed Flight Instructor and that no information is withheld that would adversely affect my participation in the Bonanza, Baron or Travel Air Pilot Proficiency Programs.

Date _____ Signature _____

INDEPENDENT CONTRACTOR AGREEMENT

This agreement is made between **BPPP, Inc.**, a corporation with its principal place of business at Mid-Continent Airport, Wichita, Kansas, and _____ (hereinafter referred to as the "Instructor").

WHEREAS, BPPP, INC. is sponsoring Pilot Proficiency Programs for pilots of Bonanza and Baron Aircraft and in the conduct of these programs wishes to contract with Instructor as an independent contractor to provide classroom and in-flight instruction, and Instructor agrees to perform these services for the BPPP, Inc. under the terms and conditions set forth in this Contract.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, it is agreed by and between the BPPP, Inc. and Instructor as follows:

Description of Duties. Instructor will provide in-flight instruction for experienced pilots as a flight review, and in certain cases will also provide classroom instruction. A general curriculum will be provided by the BPPP, Inc. which will set forth the goals intended to be accomplished during this safety program.

Program and Place. It is understood that the Instructor's services will be rendered at the various locations and times as agreed coinciding with the BPPP, Inc.'s sponsored Pilot Proficiency Programs.

Payment. The BPPP, Inc. will pay the instructor an hourly rate to be agreed between the parties. Instructor will be reimbursed for reasonable meals, lodging and travel expenses incurred if Instructor is required to travel more than 50 miles from home.

Relationship of Parties. The parties intend that an independent contractor relationship will be created by this contract. The BPPP, Inc. is interested only in the ultimate results obtained, and the manner and means of instruction will be under the sole control of the Instructor. However, all work performed thereunder will be done in accordance with the provisions of this agreement, and be subject to the continuing right of inspection by the BPPP, Inc. representatives. The Instructor is not to be considered an agent or employee of the BPPP, Inc. for any purpose, and shall not be entitled to any of the benefits that the BPPP, Inc. provides for its employees. It is understood that the BPPP, Inc. does not agree to use the Instructor exclusively. It is further understood that the Instructor is free to contract for similar services to be performed for others.

Waiver of Claims. The Instructor hereby waives all claims against the BPPP, Inc. which the Instructor may acquire, for workers compensation for personal injury, unemployment compensation, or otherwise under the laws of the United States or of any state. Further, Instructor waives all claims against BPPP, Inc. including attorney fees from any claim arising from his/her injury and or death or property loss sustained by him/her.

Controlling Law. This agreement shall be governed by the laws of the State of Kansas.

IN WITNESS WHEREOF, the parties have executed this agreement this ____ day of _____200__

BPPP, Inc. By _____ Instructor _____