



The WFC Flyer



A Publication of the Williamson Flying Club, Inc.

FEBRUARY, 2008

WILLIAMSON-SODUS AIRPORT | KSDC | CTAF 122.8 | AWOS 124.2 | WWW.WFCPILOTS.ORG

General Meeting

February 14, 2008
7:30 PM, Clubhouse

Board Meeting

March 6, 2008
7:00 PM, Clubhouse

Aviation Day

March 15th

Lunch Served

Saturdays at noon-ish

From The President by Pam Tarkington

Aircraft Insurance

Avemco has sent us a letter to the effect that our insurance will not be renewed. We are appealing this and also working thru brokers to look for new insurance. In order for any insurance company to consider providing insurance, they need your individual pilot history. The Pilot Experience Form is on pages 3 and 4 of this newsletter and also will be available at the next General Meeting. Our present insurance runs out in April, and it is imperative that anyone who wishes to fly

WFC Aircraft complete the form and return it to Mike Bjerga as quickly as possible. Forms **MUST** be turned in by February 21st, 2008. After February 21st, *you will not be able to reserve a plane on Aircraft Clubs if we don't have your form*. I realize that this is an inconvenience but we really have to move rapidly on the insurance issue.

Thanks for your cooperation.

Elections will be carried out at the next meeting. Those positions that are up for your consideration are: President, Vice Presi-

dent, Secretary, Treasurer and one seat on the board.

As mentioned at the last meeting, we will need as many volunteers in the Spring and Summer to develop the NE area of the entrance into a park-like setting. Contact Glen Steed, who will oversee this project.

I would personally like to thank the outgoing members of the Board: Jim Swan, Gary Crawford, Joe Ebert and Jack Fuller. Each of these gentleman has worked hard to make our club a better organization.

Thank You

We have all sincerely appreciated the opportunity to be on the Board of Directors of the Williamson Flying Club.

We wish the current and new board members all the best for 2008.

Thank you!

Jim Swan
Past President

Gary Crawford
Vice President

Joe Ebert
Secretary

Jack Fuller
Director

Cosmetic Committee by Bob Robideau



The interior of N9855W has been completed. I would like to thank the other members of the Cosmetic Committee, including Gary Stevens, Dave Guild and Jim Markovitz for all their help in seeing this project through. They have been contributing the usual "Tuesday night" to the reupholstery project, as well as additional nights and weekends.

I'd also like to thank the membership for voting in favor of the assessment that made this interior upgrade possible. This year, the exterior of N9855W will be painted. By mid-spring, it will look like a brand new aircraft!

Elections at February General Meeting

Elections, held at our February General Meeting, require candidates for office. At the January General Meeting, The Nominating Committee provided a collection of candidates for the offices that are open for election. No nominations were made from the floor.

The candidates for each office are as follows:

President: Pam Tarkington
Vice President: Lance Merritt
Treasurer: Bob Herloski
Secretary: Bob Robideau
Director: Chris Karpenko

Even though no nominations were made from the floor, and there's only one candidate for each office, the voting still must proceed at the February General Meeting.

Flight Rx by Dr. Pam Tarkington

FAA MED X PRESS

The **FAA MED X PRESS** is a way that you can fill out your medical form (8500-8) before you go to actually see your AME. All you need is a valid E-Mail address and, of course, a printer. You will also need to create an FAA MED X PRESS account.

This program is voluntary; if you choose to do so, you can still fill out a hard copy at the AME's office. If you do wish to use this

new system, use the website: <https://medxpress.faa.gov/>

Please do not use the AOPA site as this will just create more paperwork for the AME and for you.

After you have filled out form 8500-8, you will be given a confirmation number. You must bring this number as well as a print out of form 8500-8 with you to your appointment. Also, as before, you will need a valid picture ID. It is probably a good idea, to let

the AME's office know your confirmation number when you call for your appointment. All in all, this will mean that you have to spend less time in the physician's office.

The FAA has worked hard on this new program and has phased it into the various districts over the course of several months, so hopefully, all the "bugs" have been worked out - HOPEFULLY!

- Pam

Treasurer's Report by Bob Herloski

Fuel has increased to \$4.84/gallon, or \$4.64 for WFC Members.

At the February Board of Directors meeting, a motion was made, and duly seconded to create a standing rule as follows: **"No club member may reserve or fly a club aircraft unless that member first completes and provides to the club a**

Pilot Experience Form as required by Williamson Flying Club's Insurance company."

The motion carried.

As Pam mentioned in her article, we are seeking a reversal of Avemco's notice of non-renewal, and are also looking into other op-

tions for insurance.

Another insurance issue is the number of members who fly club aircraft, divided by the number of aircraft we own. Insurance agencies prefer about a 12:1 ratio. Given that we have about 60 qualifying members, that indicates we need to have 5 aircraft to meet their terms.

Pancake Breakfast

It's that time of year for us to start planning for our 2008 WFC Fly-In Breakfast. The first meeting with all committee co-chairs will be Thurs-

day, February 14th, 6:00 P.M. at the clubhouse. I will be sending an email to all co-chairs approximately one week prior to the meeting as a reminder. If you have any questions please send me an email. For those members who are new since last

year's event, I will be available at the regular club meetings to explain how it works and answer any questions you may have. I look forward to seeing you there.

- Bill Bach



PILOT EXPERIENCE

DATE (MM/DD/YYYY)

AGENCY		APPLICANT (First Named Insured) Williamson Flying Club, Inc.	
PHONE (A/C, No, Ext):		PILOT NAME AND ADDRESS	
FAX (A/C, No):		PILOT #	
E-MAIL ADDRESS:		HOME PHONE (A/C, No):	
CODE:	SUB CODE:	BUSINESS PHONE (A/C, No, Ext):	
AGENCY CUSTOMER ID:		FAX (A/C, No):	
		E-MAIL ADDRESS:	

PILOT INFORMATION

DATE OF BIRTH	MARITAL STATUS	AOPA NUMBER	EAA NUMBER	AIRMAN'S CERTIFICATE #
CURRENT EMPLOYER		HIRE DATE	OCCUPATION	REGISTRATION NUMBERS OF ASSIGNED AIRCRAFT

CERTIFICATIONS AND RATINGS (Check the appropriate boxes for all certifications / licenses and ratings held)

	SINGLE ENGINE LAND	MULTI-ENGINE LAND	INSTRUMENT	SINGLE ENGINE SEA	MULTI-ENGINE SEA	ROTOR-WING	GLIDER	LIGHTER THAN AIR	OTHER:	OTHER:	OTHER:
STUDENT	<input type="checkbox"/>	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECREATIONAL	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPORT	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU AN A&P MECHANIC? If "YES", enter date obtained. YES NO DATE: _____

ARE YOU AN INSPECTION AUTHORITY (I/A)? If "YES", enter date obtained. YES NO DATE: _____

MEDICAL DATE: _____ CLASS: I II III FLIGHT REVIEW DATE: _____ AIRCRAFT TYPE: _____

LOGGED HOURS

	# HRS		# HRS		# HRS		# HRS		# HRS
TOTAL HOURS		TOTAL SEAPLANE		TURBINE AGRICULTURE		TURBO JET			
PILOT IN COMMAND		MULTI-ENGINE SEAPLANE		ROTOR WING AG		TURBO PROP			
SEC IN COMMAND		TOTAL AMPHIBIOUS		TURBINE ROTOR WING AG		SE TURBO PROP			
MULTI-ENGINE LAND		ROTOR WING		ALASKA		LAST 90 DAYS			
RETRACTABLE GEAR		TURBINE ROTOR WING		INSTRUMENT		LAST 12 MONTHS			
CONVENTIONAL GEAR		TOTAL AGRICULTURE		TOTAL TURBINE		TOTAL TURBINE			

AIRCRAFT APPROVAL (Attach Additional Sheets if more Space is Required)

AIRCRAFT	LOGGED HOURS			ANNUAL RECURRENT TRAINING?	CURRENT FSI CARD?	TRAINING FACILITY	TRAINING DATE
	TOTAL	LAST 90 DAYS	LAST 12 MOS.				
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO																				
1. DO YOU PARTICIPATE IN THE FAA PILOT PROFICIENCY AWARD PROGRAM? If "YES", complete the following and attach certificate. HIGHEST PHASE NUMBER COMPLETED: _____ AIRCRAFT USED: _____ COMPLETION DATE: _____	<input type="checkbox"/>	<input type="checkbox"/>																				
2. LIST REFRESHER COURSES INCLUDING DATES OF THE LAST COURSE ATTENDED: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">COURSE NAME</th> <th style="width:10%;">DATE</th> <th style="width:33%;">COURSE NAME</th> <th style="width:10%;">DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	COURSE NAME	DATE	COURSE NAME	DATE																		
COURSE NAME	DATE	COURSE NAME	DATE																			
3. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS OR WAIVERS ON MEDICAL CERTIFICATE?	<input type="checkbox"/>	<input type="checkbox"/>																				
4. HAVE YOU EVER HAD AN AIRCRAFT ACCIDENT OR INCIDENT OR BEEN PENALIZED FOR ANY FAR VIOLATION?	<input type="checkbox"/>	<input type="checkbox"/>																				
5. HAS ANY INSURANCE COMPANY OR UNDERWRITER CANCELLED OR REFUSED TO RENEW ANY INSURANCE ON YOUR BEHALF? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>																				
6. HAVE YOU EVER BEEN CONVICTED OF DRIVING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR NARCOTICS, OR OF RECKLESS DRIVING?	<input type="checkbox"/>	<input type="checkbox"/>																				
7. HAS ANY DRIVERS LICENSE BEEN SUSPENDED OR REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>																				
8. HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU UNDER INDICTMENT IN A LEGAL ACTION INVOLVING DRUGS OR NARCOTICS?	<input type="checkbox"/>	<input type="checkbox"/>																				
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND {NY:SUBSTANTIAL} CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied)																						
PILOT'S SIGNATURE	DATE																					

REMARKS