

**AIRBORNE FLYING SERVICE**  
**FLIGHT MANIFEST**  
 Fax (501) 624-5550

FLIGHT RELEASE # \_\_\_\_\_

DATE: \_\_\_\_\_

AIRCRAFT \_\_\_\_\_

FLT. TYPE	PIC	SIC	MED1	MED2	FROM	TO	START HOURS	END HOURS	LEG TOTAL	CYCLES L	CYCLES R	NO. PASS	TOT.WT LOADED A/C	MAX T.O.WEIGHT	FORE C.G. LIMIT	AFT C.G. LIMIT	C.G. LOADE D A/C

**AIRCRAFT INSPECTIONS:**

DATE NEXT INSPECTION DUE: \_\_\_\_\_

INSPECTION TYPE: \_\_\_\_\_

HOURS NEXT INSPECTION DUE: \_\_\_\_\_

INSPECTION TYPE: \_\_\_\_\_

CYCLES NEXT INSPECTION DUE: \_\_\_\_\_

INSPECTION TYPE: \_\_\_\_\_

**PILOT FLIGHT AND DUTY:**

DUTY ON: \_\_\_\_\_

AIR TAXI FLT: \_\_\_\_\_

DAY LANDINGS: \_\_\_\_\_

DUTY OFF: \_\_\_\_\_

COMM FLT: \_\_\_\_\_

NIGHT LANDINGS: \_\_\_\_\_

TOTAL DUTY: \_\_\_\_\_

TOTAL FLIGHT: \_\_\_\_\_

\_\_\_\_\_