PILOT RECORD

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_/\_\_\_/\_\_\_ Sex\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Dependents \_\_\_\_\_\_\_\_

Year First Solo Flight\_\_\_\_\_\_\_\_\_\_ Type Rated in Following Aircraft:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAA Medical Certificate- Date Issued\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_ Waivers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if none, so state)

Date of last Biennial Flight Review of Equivalent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Flight Training: (i.e. school, location, instructor, equipment, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe and Give Dates of Last Refresher or Transition Courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you hold a current FSI Pro Card? \_\_\_\_ Yes \_\_\_\_ No

School or Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PILOT EXPERIENCE

Do you participate in FAA Pilot Proficiency Award Program? \_\_\_ Yes \_\_\_ No. If “Yes” what phase have you completed? \_\_\_ Phase I \_\_\_ Phase II \_\_\_ Phase III \_\_\_Phase IV

For what type of Aircraft? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List each make and Model and Hours as Pilot-in-Command in each:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AIRCRAFTMAKE AND MODEL | TOTALHOURS | Total Last12 Months | Total Since Overhaul | TotalInstrument | Total Night |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

As Pilot-in-Command or as Co-Pilot have you:

1. Had, or been involved in, any aircraft accidents? .................................................................. \_\_\_No Yes\_\_\_
2. Had any violations of Federal Air Regulations? ..................................................................... \_\_\_No Yes\_\_\_

Has your automobile drivers license ever been suspended or revoked? ........................................... \_\_\_ No Yes\_\_\_

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? \_\_\_ No Yes\_\_\_

Have you had any automobile accidents within the last five years? .................................................. \_\_\_ No Yes\_\_\_

I warrant that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Pilot’s Personal Signature Required)

This Pilot record is filed in connection with the Insurance Application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name)