

Please fill in all blanks, check all applicable boxes, and sign and date at bottom.

1. GENERAL INFORMATION

FAA Certificate No:

Pilot's Name:			
Address:	Street:		
	City:		
	State:	Zip:	
	Mobile:		
Phone:			
Date of Birth:			
Occupation:			
Employer:			
eMail:			

<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Instrument
<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Multi-Engine Land
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Turbo-prop
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Helicopter
<input type="checkbox"/> Designated Examiner	<input type="checkbox"/> Pro-Pilot Full Time
<input type="checkbox"/> 1 st Class Medical	<input type="checkbox"/> No Accidents
<input type="checkbox"/> 2 nd Class Medical	<input type="checkbox"/> No Waivers
<input type="checkbox"/> 3 rd Class Medical	<input type="checkbox"/> No Violations

2. PILOT EXPERIENCE

Total Time All Aircraft:		Total Turbine (SIC + PIC):		Total Time Conventional Gear:	
Total Time Fixed Wing:		Total Time Turbine PIC:		Total Time Last 12-Months:	
Total Time Rotor Wing:		Total Time Turbo Jet (SIC + PIC):		Total Time Last 90-Days:	
Total Time Turbine Rotor Wing:		Total Time Turbo-Jet PIC:		Date Last BFR:	
Total Time Multi-Engine:		Total Instrument Time:		Date Last Medical:	

List specific times in each make and model you have over 50 hours PIC in on the back.

3. Most experience by Make & Model (MM) PILOT EXPERIENCE and TRAINING HISTORY

MM #1:		Total Time MM:		Date/Place last Formal Training:	
MM #2:		Total Time MM:		Date/Place last Formal Training:	
MM #3:		Total Time MM:		Date/Place last Formal Training:	

4. TYPE RATINGS (list all)

5. QUESTIONS (check "YES" or "NO")

- a. Are you flying under a waiver? Yes No
- b. Have you ever been penalized for a FAR violation? Yes No
- c. Have you ever had an aircraft accident, incident, and/or violation? Yes No
- d. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf? Yes No
- e. Have you ever been convicted or, or are you under indictment in a legal action involving drugs or narcotics? Yes No
- f. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics? Yes No
- g. Has your driver's license ever been suspended or revoked? Yes No

Explain all YES answers (attach separate sheet, if necessary):

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge

Pilot's Signature: _____ **Date:** _____