



Name _____
 Address _____
 Birth Date _____ Social Security # _____
 Certificate # _____
 Occupation _____
 Employer _____

| FAA PILOT CERTIFICATES NOW HELD AND YEAR OBTAINED | |
|---|-------|
| Student | _____ |
| Private | _____ |
| Commercial | _____ |
| ATP | _____ |
| Flight Instructor | _____ |

Marital Status _____ No. of Dependents _____

FAA MEDICAL CERTIFICATE

Date Issued _____ Class _____
 Waivers (If none, write none) _____

| FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED | |
|--|-------|
| ASEL | _____ |
| AMEL | _____ |
| ASES | _____ |
| AMES | _____ |
| Instrument | _____ |
| Rotorcraft | _____ |

TRAINING AND RECURRENT TRAINING

Year of first solo flight _____ Type rated in following aircraft _____

Describe Flight Training (School, location, equipment, instructor, etc.) _____

Date of last Biennial Flight Review or equivalent _____ Date of last instrument competency check _____

Do you participate in FAA Pilot Proficiency Awards Program? No Yes If "Yes," what phase have you completed? _____

For what type aircraft? _____ Date completed _____

Recurrent/Transition Courses: Describe and give details of courses attended _____

School or instructor _____

Do you hold a current FSI Pro Card of Simuflite Card? Yes No Date _____

PILOT-IN-COMMAND EXPERIENCE

| AIRCRAFT MAKE/MODEL | TOTAL HOURS | TOTAL LAST 12 MONTHS | TOTAL LAST 90 DAYS | TOTAL INSTRUMENT | TOTAL NIGHT |
|---------------------|-------------|----------------------|--------------------|------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please explain fully any "Yes" answers to the following questions on reverse side.

- As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? No Yes
- As pilot-in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations? 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 represent 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 _____

This pilot record is filed in connection with the Insurance Application of _____