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PILOT RECORD

NAME:			DATE OF BIRTH:		
ADDRESS:			E-MAIL:		
PHONES:	BUS:	CELL:	FAX:		
SEX:	OCCUPATION:		EMPLOYER:		
FAA CERTIFICATES			RATINGS		
<input type="checkbox"/> STUDENT		<input type="checkbox"/> ASEL		<input type="checkbox"/> ASES	
<input type="checkbox"/> PRIVATE (FIXED-WING)		<input type="checkbox"/> PRIVATE (ROTOR)		<input type="checkbox"/> AMEL	
<input type="checkbox"/> COMMERCIAL (FIXED-WING)		<input type="checkbox"/> COMMERCIAL (ROTOR)		<input type="checkbox"/> IFR (FIXED WING)	
<input type="checkbox"/> ATP (FIXED-WING)		<input type="checkbox"/> ATP (ROTOR)		<input type="checkbox"/> IFR (ROTOR)	
<input type="checkbox"/> CFI (FIXED-WING)		<input type="checkbox"/> CFI (ROTOR)		<input type="checkbox"/> CFII	
		<input type="checkbox"/> OTHER:		<input type="checkbox"/> MEI	
<input type="checkbox"/> TYPE RATINGS:					
DATE OF LAST FAA MEDICAL:		CLASS:		WAIVERS:	
DATE OF LAST FLIGHT REVIEW:		DATE OF LAST IPC:			
SPECIALIZED TRAINING					
TRAINING DATES	NAME OF SCHOOL	AIRCRAFT TYPE	INITIAL / RECURRENT	PIC / SIC	
FAA "WINGS" PILOT PROFICIENCY PROGRAM:		PHASE:		COMPLETION DATE:	
PILOT EXPERIENCE					
AIRCRAFT DESCRIPTION	TOTAL	PILOT IN COMMAND	CO-PILOT	LAST 12 MONTHS	LAST 90 DAYS
ALL AIRCRAFT					
ALL RETRACTABLE GEAR					
ALL MULTI-ENGINE					
ALL TURBOPROP					
ALL JET					
AIRCRAFT MAKE & MODEL:					
AS PILOT IN COMMAND OR AS CO-PILOT, HAVE YOU:				(IF YES—EXPLAIN FULLY)	
1. BEEN INVOLVED IN ANY AVIATION ACCIDENTS, INCIDENTS OR INSURANCE CLAIMS?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. HAD ANY VIOLATIONS OF FEDERAL AIR REGULATIONS?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. HAD YOUR AUTOMOBILE DRIVER'S LICENSE SUSPENDED OR REVOKED?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. BEEN CONVICTED OF OPERATING A MOTOR VEHICLE UNDER THE INFLUENCE OF ALCOHOL OR HAD ANY DRUG-RELATED CONVICTIONS IN THE PAST FIVE YEARS?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
PLEASE EXPLAIN ALL "YES" ANSWERS. USE THE BACK AS REQUIRED:					
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: _____		SIGNATURE: _____ (Pilot's Personal Signature Required)			
THIS PILOT RECORD IS FILED IN CONNECTION WITH THE INSURANCE APPLICATION OF:					