



Pilot Record Form

1. GENERAL INFORMATION

Form with fields: Pilot Name, DOB, Occupation, Employer, Reference (Tail #/Owner)

Form with fields: FAA Airmen No, Address, City, ST Zip, Phone, E-Mail

2. PILOT CERTIFICATION, RATINGS, & EXPERIENCE (LOGGED HOURS)

Complex form with multiple columns for pilot certifications (Student, LSA, Private, Commercial, Airline Transport, Instrument, Multi-Engine Land, Helicopter, Single-Engine Sea, Multi-Engine Sea, CFI, CFII, MEI, DPE, A&P, Pro-Pilot Full Time, Pro Card, No Accidents, No Waivers, No Violations) and flight statistics (Total Fixed Wing, Total Retractable, Total Multi, Total Tail Wheel, PIC Turboprop, PIC Turbo Jet, SIC Turboprop, SIC Turbo Jet, Piston RW, Turbine RW, Last 12-Months, Last 90-Days, Medical Class, Medical Exp., Date Last BFR, Date Last IPC).

Additional Type Ratings: _____

3. INSURED MAKE/MODEL EXPERIENCE & TRAINING HISTORY (Include the Make/Model to be insured or similar types)

Table with 3 columns: Make/Model, Time, Recurrent Date/Name. Three rows for data entry.

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

- a. Are you flying under a waiver?
b. Have you ever been penalized for an FAR violation?
c. Have you ever had an aircraft accident, incident, and/or violation?
d. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf?
e. In the last 5 years, have you been convicted of or are you under indictment in a legal action involving drugs or narcotics?
f. In the last 5 years, have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics?
g. In the last 5 years, has your driver's license been suspended or revoked?

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: _____