



# PILOT RECORD

This Form is Completed for: \_\_\_\_\_



<b>Name of Pilot</b> _____	<b>Date of Birth</b> _____
<b>Address</b> _____	<b>Mobile Number</b> _____
_____	<b>Work Number</b> _____
_____	<b>Email</b> _____
<b>Occupation</b> _____	<b>Employer</b> _____
_____	_____



**Pilot Licensing**

<input type="checkbox"/> Student	Private Fixed Wing	Commercial Fixed Wing	ATP Fixed Wing	Recreational
	Private Rotorwing	Commercial Rotorwing	ATP Rotorwing	Sport
<input type="checkbox"/> CFI	CFI-Instrument	CFI-Multiengine	CFI-Rotorwing	CFI-Glider

Pilot Certificate No. \_\_\_\_\_



**FAA Pilot Rating**

SE Land	ME Land	Instrument	SE Sea	ME Sea	Glider
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Type Ratings \_\_\_\_\_

All Aircraft Logged Pilot Hours			Logged Pilot Hours			Logged Sea Hours	
Total Logged	PIC	Last 12 Mos	Multiengine (ME)	Retractable Gear	Tailwheel	Total	ME Sea

Logged TurboProp (TP) Hours		Logged Jet Hours		Logged Rotorwing (RW) Hours		
Total TP	ME TP	Total Jet	ME Jet	Total RW	ME RW	Turbine RW



**Aircraft Currently Operating or Seeking Insurance Approval For – Logged Pilot Hours and Training**

Make and Model	Logged Hours	Hrs Last 12 Mos	Training Facility	Simulator Used?	Last Date	Next Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Last Medical		Last Flight Review		Last Instrument Proficiency Check	
Date	Class	Date	Make and Model	Date	Make and Model

**Additional Information**

As pilot, any incidents, accidents; any citations for FAR violations or license limitations? \_\_\_\_\_ No Yes

Any felony convictions or license suspensions arising out of operation of a motor vehicle? \_\_\_\_\_ No Yes

Any arrests/convictions for operation of a motor vehicle recklessly or under influence of alcohol or drugs? \_\_\_\_\_ No Yes

Has any insurance co. or underwriter cancelled, declined or non-renewed any insurance on your behalf? \_\_\_\_\_ No Yes

If yes, please explain \_\_\_\_\_

Additional information \_\_\_\_\_

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

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