



Pilot Record

Name						FAA Pilot Certificates Now Held					
Address						<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational/Light Sport					
Age											
Driver's License Number				State/Province							
Pilot Certificate Number											
Occupation		Pro Pilot? Yes No		Specify other:							
Employer						FAA Pilot Ratings Now Held					
➤ FAA MEDICAL CERTIFICATE						<input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> Instrument <input type="checkbox"/> Helicopter <input type="checkbox"/> SES <input type="checkbox"/> MES <input type="checkbox"/> Glider <input type="checkbox"/> Other					
Date Issued				Class							
Waivers											
If none, write none											
➤ TRAINING -- INITIAL AND RECURRENT											
Last Biennial Flight Review or equivalent			Date:		Aircraft Type:						
Last Instrument Proficiency Check			Date:		Aircraft Type:						
Ground & Flight Training Provider		Simulator or Aircraft Based		Aircraft Type		Initial or Recurrent		Date			
1.											
2.											
Description of Other Training											
Do you hold a current FSI Pro Card or equivalent? <input type="checkbox"/> No <input type="checkbox"/> Yes					Do you participate in the FAA Wings Program? <input type="checkbox"/> No <input type="checkbox"/> Yes						
➤ PILOT FLIGHT TIME- TOTAL LOGGED											
		Total Hours				Total Hours					
Total Logged All Aircraft				Turbo Jet				Tail Wheel			
Retractable Gear				Turbo Prop				Amphibious			
Multi-Engine				Total all aircraft Last 12mo.				Helicopter			
								Seaplane			
								Instructor			
➤ TOTAL MAKE & MODEL PILOT HOURS											
Make & Model Flown		Pilot-In-Command		Second-In-Command		Make & Model Flown		Pilot-In-Command		Second-In-Command	
		Total Hours	Last 12 Months	Total Hours	Last 12 Months			Total Hours	Last 12 Months	Total Hours	Last 12 Months
Please explain any YES answers to the following questions in the remarks section below or on reverse side.											
1.		As a pilot in the last 10 years have you had or been involved in any aircraft accidents, incidents, aviation insurance claims or losses?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
2.		As pilot have you been found guilty of or been penalized, disciplined, fined or violated for any civil or military Air Regulations?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
3.		Has your automobile drivers license or pilot certificate been suspended or revoked in the past 5 years?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
4.		Have you been arrested for operating an automobile under the influence of alcohol or drugs in the past 10 years or been involved in any automobile accident in the last 5 years?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
5.		Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
6.		Have you ever been convicted or pleaded guilty to a felony?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
7.		Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
Remarks:											

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 _____
(Pilot's personal signature required)

This pilot record is filed in connection with the insurance application of _____ / N _____