

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?		FAA Pilot Ratings Now Held					
		Yes No Specify other:		<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					
Employer									
➤ FAA MEDICAL CERTIFICATE									
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 Hours				
Total Logged All Aircraft		Turbo Jet		Tail Wheel	Amphibious				
Retractable Gear		Turbo Prop		Helicopter	Seaplane				
Multi-Engine		Total all aircraft Last 12mo.		Glider	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 in the last 10 years?							<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 _____