



# PILOT RECORD

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Since:  Full Time  Part Time  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone  Business  Personal \_\_\_\_\_

FAA PILOT CERTIFICATES NOW HELD AND YEAR OBTAINED	
Student	<input type="checkbox"/>
Private	<input type="checkbox"/>
Commercial	<input type="checkbox"/>
ATP	<input type="checkbox"/>
Flight Instructor	<input type="checkbox"/>

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED	
ASEL	<input type="checkbox"/>
AMEL	<input type="checkbox"/>
ASES	<input type="checkbox"/>
AMES	<input type="checkbox"/>
Instrument	<input type="checkbox"/>
Rotorcraft	<input type="checkbox"/>

## FAA MEDICAL CERTIFICATE

Date Issued \_\_\_\_\_ Class \_\_\_\_\_  
 Waivers (If none, write none) \_\_\_\_\_

## TRAINING AND RECURRENT TRAINING

Year of first solo flight \_\_\_\_\_ Type rated in following aircraft \_\_\_\_\_

Describe Flight Training (School, location, equipment, Instructor, etc.) \_\_\_\_\_

Date of last Biennial Flight Review or equivalent \_\_\_\_\_ Date of last instrument competency check \_\_\_\_\_  
 Do you participate in FAA Pilot Proficiency Awards Program?  No  Yes If "Yes," what phase have your completed? \_\_\_\_\_

For what type of aircraft? \_\_\_\_\_ Date completed? \_\_\_\_\_

Recurrent/Transition Courses: Describe and give details of courses attended \_\_\_\_\_

School or Instructor \_\_\_\_\_

Do you hold a current FSI Pro Card or Simulite Card?  Yes Date \_\_\_\_\_  No

## PILOT-IN-COMMAND EXPERIENCE

AIRCRAFT MAKE/MODEL	TOTAL HOURS	TOTAL LAST 12 MONTHS	TOTAL LAST 90 DAYS	TOTAL INSTRUMENT	TOTAL NIGHT



Please explain fully any "Yes" answers to the following questions on reverse side.

- As pilot-in-command or as co-pilot have you ever had or been involved in any aircraft incidents or accidents?  No  Yes
- As pilot-in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations?  No  Yes
- Has your automobile driver's license ever been suspended or revoked?  No  Yes
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?  No  Yes
- Have you had any automobile accidents within the last five years?  No  Yes

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 \_\_\_\_\_

This pilot record is filed in connection with the Insurance Application of \_\_\_\_\_