

Pilot Experience Form



The information currently on file is denoted in parenthesis. Please review for accuracy and completeness, sign & date form and return to our office.
Incomplete forms will be returned for completion.

PILOT'S NAME: _____
 Date of Birth: _____
 AOPA Member (Yes / No): _____ Number: _____
 EAA Member (Yes / No): _____ Number: _____
 Airman's Certificate No.: _____
 Employer: _____
 Occupation: _____
 Email: _____

Address: _____
 Phone (H): _____
 (W): _____
 (C): _____
 Medical Date: _____
 Flight Review: _____

APPLICANT REQUEST APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Make & model of aircraft insured	Last reported hours in Make/Model	Updated hours in Make/Model	Please list most recent & next scheduled aircraft training		
			Most Recent:	Where:	When:
			Next Scheduled:	Where:	When:
			Most Recent:	Where:	When:
			Next Scheduled:	Where:	When:

CERTIFICATES and RATINGS (check all that apply)

	SE Land	SE Sea	ME Land	ME Sea	Instrument	Glider	Rotor Wing	Other
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL LOGGED PILOT HOURS

Total Time	Total Seaplane	Rotor Wing Agriculture	Single Engine Turbo Prop
PIC (Pilot in Command)	Multi Engine Seaplane	Alaska	Last 90 Days
SIC (Second in Command)	Total Amphibious	Instrument	Last 12 Months
Multi Engine	Rotor Wing	Total Turbine	Other
Retractable Gear	Turbine Rotor Wing	Turbo Jet	Other
Tailwheel	Total Agriculture	Turbo Prop	Other

- Yes No PLEASE EXPLAIN ANY "YES" ANSWERS BELOW OR ON THE REVERSE SIDE IF NEEDED.**
- 1) Do you hold a current FSI Pro Card or Simuflite Card?
- 2) Do you Participate in FAA Pilot Proficiency Award Program? Phase # & Aircraft
- 3) Please list Refresher/Transition Courses on Reverse Side. Describe and give dates of last course attended
- 4) Are you flying under a medical waiver? Explain
- 5) Have you ever had an Aircraft Accident/Incident or been penalized for an FAR violation? Explain
- 6) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?
- 7) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? Explain
- 8) Has your driver's license ever been suspended or revoked? Explain
- 9) Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? Explain

I WARRANT that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld or suppressed.

Date: _____

Pilot's Signature: _____