

Pilot Experience Form

Incomplete forms will be returned for completion.



Pilot's Name: _____	Address: _____
Date of Birth: _____	
AOPA Member #: _____	
EAA Member #: _____	Phone (H): _____
Airman's Certificate #: _____	(W): _____
Employer: _____	(C): _____
Occupation: _____	Medical Date: _____
Email: _____	Flight Review: _____

APPROVAL REQUESTED IN THE FOLLOWING MAKE & MODEL OF AIRCRAFT

Make & model of aircraft insured	Total Hours in Make/Model	Total Hours Last 12 Months in Make/Model	Annual Recurrent Training received in this Aircraft?	
			Where:	When:

CERTIFICATES and RATINGS (check all that apply)

	Glider	Instrument	ME Land	ME Sea	Rotor Wing	SE Land	SE Sea
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	Tailwheel	Turbine Rotor Wing	Turbo Prop
Pilot in Command	Total Seaplane	Instrument	Single Engine Turbo Prop
Multi Engine	Total Amphibious	Total Turbine	Last 90 Days
Retractable Gear	Rotor Wing	Turbo Jet	Last 12 Months

PLEASE EXPLAIN ANY "YES" ANSWERS BELOW OR ON THE REVERSE SIDE

	Yes	No
1. Do you hold a current FSI Pro Card or Simuflite Card?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you participate in FAA Pilot Proficiency Award Program? Highest phase completed: What type of aircraft:	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you flying under a medical waiver?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had an Aircraft Accident/Incident or been penalized for an FAR violation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
9. Please list Refresher/Transition Courses on Reverse Side. Describe and give dates of last course attended		

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

Date: _____

Pilot's Signature: _____