



PILOT APPLICATION

- 1. Name:
2. Address: City: State: ZIP:
3. Birthdate: Social Security Number:
4. Certificate No.:
5. Occupation:
6. Employer:
7. Marital Status: No. of Dependents:

FAA PILOT CERTIFICATS NOW HELD AND YEAR OBTAINED: Student, Private, Commerical, ATP, Flight Instructor

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED: ASEL, AMEL, ASES, AMES, Instrument, Rotorcraft

FAA MEDICAL CERTIFICATE

- 8. Date Issued: Class:
9. Waviers (If none, write none):

TRAINING AND RECURRENT TRAINING

- 10. Year of first solo flight: Type rating in what type of aircraft:
11. Describe Flight Training (school, location, equipment, instructor, etc):
12. Date of last Biennial Flight Review or equivalent: Date of last instrument competency check:
13. Do you participate in FAA Pilot Proficiency Awards Programs: [] Yes [] No If yes, what phase have you completed: For what type of aircraft: Date completed:
14. Recurrent/Transition Courses: Describe and give details of last courses attended:





15. School or Instructor: _____

16. Do you hold a current FSI Pro Card or Simuflite Card: [] Yes [] No If yes, date: _____

PILOT-IN-COMMAND EXPERIENCE

| Aircraft Make/Model | Total Hours | Total last 12 Months | Total last 90 Days | Total Instrument | Total Night |
|---------------------|-------------|----------------------|--------------------|------------------|-------------|
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17. Please explain fully any "Yes" answers to the following questions on reverse side:

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

Date: _____

Signature: _____

