



## PILOT INFORMATION QUESTIONNAIRE

Name of Pilot: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Primary Duties: \_\_\_\_\_

Usual Flight Destinations: \_\_\_\_\_

Do you Ever Land on Uncontrolled Runways? \_\_\_\_\_ (Y/N) If Yes, How Often? \_\_\_\_\_

### CERTIFICATES AND RATINGS

	Date Obtained		Date Obtained
_____ Student	_____	_____ Instructor	_____
_____ Private	_____	_____ Instrument Rating	_____
_____ Commercial	_____	_____ Single Engine Land	_____
_____ Senior Commercial	_____	_____ Single Engine Sea	_____
_____ Airline Transport Pilot	_____	_____ Multi-Engine Land	_____
_____ Helicopter	_____	_____ Multi-Engine Sea	_____
_____ Glider	_____	_____ Other (Specify)	_____

(As Pilot in Command Only)

Type and Model of Aircraft (Indicate if there are floats/skis)	Age of Aircraft	Hours Flown in Last 90 Days	Hours Flown in Last 12 Months	Total Hours of Experience as PIC

Number of Hours Anticipated in Next 12 Mths: \_\_\_\_\_ Type of Aircraft You Anticipate Flying in Next 12 Mths: \_\_\_\_\_

Have You Had Any Accidents While Acting as Pilot? \_\_\_\_\_ (Y/N) If Yes, Please Provide Details: \_\_\_\_\_

Are you Subject to Any Waivers/Limitations? \_\_\_\_\_ (Y/N) If Yes, Provide Details: \_\_\_\_\_

I hereby certify that all information given by me is true and correct to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_