



## Pilot Application

*\*Please complete one application PER pilot.*

*\*Please ensure ALL applications are signed & dated below.*

<b>Pilot's Name:</b>	
<b>Date of Birth:</b>	
<b>Employer:</b>	
<b>Job Title:</b>	
<b>Full-Time Professional Pilot? Y/N</b>	

<b>Pilot in Command Hours - Career Total:</b>	
<b>Pilot in Command Hours - Last 12 Months:</b>	
<b>Type Ratings:</b>	

Type of License (check box)			
ATP:	<input type="checkbox"/>	Student:	<input type="checkbox"/>
Commercial:	<input type="checkbox"/>	Instructor:	<input type="checkbox"/>
Private:	<input type="checkbox"/>	Helicopter:	<input type="checkbox"/>
		Instrument:	<input type="checkbox"/>
		Multi Engine	<input type="checkbox"/>
		Single Engine:	<input type="checkbox"/>

FAA Medical Certification	
Class:	
Date of Issuance:	
Medical Waivers:	
Physical Limitation(s):	

Pilot History	
Have you ever been involved in an aircraft accident or incident? If yes, please provide details.	
Have you ever been cited, reprimanded, fined or grounded for any violation of federal air regulations? If yes, please provide details.	
Has your pilot's and/or driver's license ever been suspended or revoked? If yes, please provide details.	
Have you ever been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?	
Have you had any felony convictions arising out of the operation of a motor vehicle?	
Have you had any felony convictions relating to drugs or other controlled substances?	

<b>Pilot's Signature:</b>	
<b>Date completed:</b>	