



Pilot History Form

Pilot Information (to be completed for each Pilot in Command)

Last, First, Middle Name: _____ Date of Birth: _____

Address, City, State: _____

Phone Number: _____ Email Address: _____

Date of Last Medical: _____ Class of Medical: _____

Date of Most Recent Biennial Flight Review: _____

Certificates:

Student ___ Sport ___ Private ___ Instrument ___ Commercial ___ Instructor ___ ATP ___

Aircraft Ratings:

LSA ___ SEL ___ MEL ___ SES ___ MES ___ Helicopter ___ Other (specify) _____

Total Hours Logged: _____ Pilot in Command Hours: _____

Please break out Total PIC hours below:

Single Engine		Cross Country	
Multi Engine		Last 12 months	
Turbo Prop		Night Flying	
Turbo Jet		Instrument Actual	
Rotor Wing		Instrument Simulated	

Are you flying under a waiver? _____ Have you ever been penalized for violating F.A.R.? _____

Have you ever had an accident, incident or violation? _____

Has your insurance been cancelled, declined or refused renewal on your behalf? _____

Has your driver's license ever been suspended or revoked? _____

If you answered yes to any of the above, please describe in detail (write on back of paper if needed):

Pilot Signature: _____ Date: _____