


Pilot History Form

 <p style="text-align: center; color: red;">800-972-0907 510-530-4488 fax</p> <p style="border: 1px solid black; border-radius: 5px; padding: 2px; display: inline-block;">Edit Form</p>	INSURED'S NAME	FIRST NAME	LAST NAME
	PILOT EMAIL	PASSWORD	PILOT'S ADDRESS
	CITY	STATE	ZIP
PILOT RATINGS	PHONE NUMBER	BIRTH DATE	AIRMAN NUMBER
AIRCRAFT RATINGS	OCCUPATION	EMPLOYER	TIME WITH EMPLOYER
AIRCRAFT TYPE RATINGS (12,500 LBS AND OVER)	LAST MEDICAL	MEDICAL CLASS	LAST BFR
TOTAL FIXED WING HOURS TOTAL TIME PIC LAST 12 MO PIC MULTI ENG PIC TURBO PROP PIC JET SIC JET TAILWHEEL RETRACT			
TOTAL ROTOR WING HOURS PIC LAST 12 MO PIC PISTON PIC TURBINE PIC TURBINE-MULTI			
TIME IN RELEVANT MAKES & MODELS MAKE & MODEL PIC TIME SIC TIME LAST SCHOOL NAME DATE COMPLETED			
YES/NO QUESTIONS	CORRECT ANSWER	PLEASE EXPLAIN "YES" ANSWERS	
DO YOU HAVE ANY PHYSICAL IMPAIRMENTS OR ARE YOU FLYING UNDER A WAIVER?			
HAVE YOU EVER BEEN PENALIZED FOR A FAR VIOLATION?			
HAVE YOU EVER HAD AN AVIATION ACCIDENT OR INCIDENT?			
HAVE YOU EVER BEEN CONVICTED OF A DUI OR FELONY OR HAD YOUR DRIVERS LICENSE SUSPENDED?			
NOTES:			
ALL OF THE INFORMATION HEREIN IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLLY CONCEALED OR MISREPRESENTED ANY FACT.			
X SIGNATURE:			DATE: