

AIRCRAFT QUESTIONNAIRE



Name of Firm:		Home Office Address (include city and state):	
Aircraft is owned by:		Address:	
Aircraft is maintained by:		Address:	
Checks made at (30, 60, etc.):	Overhaul at:	Date of last overhaul:	Overhaul performed by:
Flight Hours	Flight Hours		

Make and Model		Serial No.	Check Airworthiness Certificate Category <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <input type="checkbox"/> Multiple <input type="checkbox"/> Limited <input type="checkbox"/> Restricted <input type="checkbox"/> Experimental	Engine		Additional Equipment Installed
Airworthiness Certificate Number		Year of Mfg.		Make _____	Horse Power No. _____	
Number of Seats		Number of Flight Hours Logged		Total hours logged _____		
Passenger	Crew			Hours logged since last overhaul? _____		
Retractable Landing Gear? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Aircraft	Type of Transmitter	Type of Receiver		

Is Airworthiness Certificate currently in full force and effect? _____ Renewal Date? _____
 If not, explain: _____

Has aircraft been involved in an accident? Yes No If "yes", give details on the back of this sheet.

The applicant's interest in the aircraft is:
 Sole and unconditional owner Owner under chattel mortgage Date of Purchase: _____
 Other (please describe): _____

For what purposes is aircraft used? _____

Is aircraft used for any night flying? Yes No If "yes", how often? _____
 Is aircraft used for any instrument flying? Yes No If "yes", how often? _____

Is aircraft flown over rough (mountainous, etc.) terrain? Yes No If "yes, how often? _____
 Describe type of terrain flown over: _____

List names of pilots and co-pilots of aircraft. Attach completed pilot history questionnaire(s).

Pilots	Co-Pilots

Signature: _____ Date: _____

Title: _____