



## PILOT HISTORY QUESTIONNAIRE

1. Full Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Home Address \_\_\_\_\_  
\_\_\_\_\_

4. Employment History: List below your three previous employers, their addresses, and the length of time you were employed by each one.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Pilot Certificate Number \_\_\_\_\_

6. Date of Last Physical \_\_\_\_\_ Physical Waivers \_\_\_\_\_

<u>Pilot Ratings</u>		<u>Mechanic Ratings</u>		<u>Aircraft Ratings</u>	
<input type="checkbox"/> Student	<input type="checkbox"/> Airline - Transport	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Single Engine Land	<input type="checkbox"/> Multi Engine Sea	
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Power Plant	<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Rotor Craft Rating	
<input type="checkbox"/> Commercial			<input type="checkbox"/> Multi Engine Land	<input type="checkbox"/> Instrument Rating	

8. Date of First Solo \_\_\_\_\_ Date of Pilot Certificate Issuance \_\_\_\_\_

9. Pilot Hours Logged	<u>Aircraft</u>	<u>Civilian</u>	<u>Military</u>	<u>Total Hours</u>
Single Engine Land	_____	_____	_____	_____
Single Engine Sea	_____	_____	_____	_____
Multi Engine Land	_____	_____	_____	_____
Multi Engine Sea	_____	_____	_____	_____
Rotor Craft	_____	_____	_____	_____
Instrument	_____	_____	_____	_____
Cross Country	_____	_____	_____	_____
As Instructor	_____	_____	_____	_____

10. Hours flown in aircraft to be covered \_\_\_\_\_ Hours flown in last 90 days \_\_\_\_\_

11. While acting as pilot, have you had an accident involving more than \$250 in property damages, an injury, or a fatality?  
 Yes\*       No

12. Have you ever been penalized for violating flight regulation?     Yes       No

**\*IMPORTANT:** If you have checked "Yes" to Item 11, give date, place, make & model of aircraft involved, and details of injuries/fatalities sustained. Attach a statement with complete details or use other side of this form. If more than one accident, list separately. If you have checked "Yes" to Item 12, attach a statement with complete details or use other side of this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_