



**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 Medical: \_\_\_\_\_ Class of Medical: \_\_\_\_\_

Date of BFR: \_\_\_\_\_

Certificates: Student \_\_\_\_\_ Private \_\_\_\_\_ Instrument \_\_\_\_\_ Commercial \_\_\_\_\_ Instructor \_\_\_\_\_ ATP \_\_\_\_\_

Aircraft Ratings: S.E.L. \_\_\_\_\_ M.E.L. \_\_\_\_\_ S.E.S. \_\_\_\_\_ M.E.S. \_\_\_\_\_ Helicopter \_\_\_\_\_ Other \_\_\_\_\_

\*If other, please specify: \_\_\_\_\_

Total Hours Logged: \_\_\_\_\_ Pilot in Command Hours: \_\_\_\_\_

*Please break out Total PIC hours below (combined)*

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 violation F.A.R. \_\_\_\_\_

Have you ever had an accident, incident or violation? \_\_\_\_\_

Has any of 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:

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Pilot Signature \_\_\_\_\_ Date \_\_\_\_\_