



PILOT RECORD

Pilot Name		Pilot Certificates Now Held
Address		Student
Date of Birth		Private
Certificate Number		Commercial
Occupation		ATP
Employer		Flight Instructor
		Recreational
		FAA Pilot Ratings Now Held

◆ FAA MEDICAL CERTIFICATE ◆

Date Issued		Class		ASEL	SES
Waivers				AMEL	MES
If none, write none				IFR	Glider
				Helicopter	
				Others:	

◆ TRAINING AND REFRESHER TRAINING ◆

Describe Simulator Flight training		Describe Simulator Flight training	
Aircraft Type		Aircraft Type	
School Date		School Date	
Do you hold a current FSI Pro Card or Simuflite Card?		Yes	No
Date of last Biennial Flight Review or equivalent.			
Do you participate in FAA Pilot Proficiency Award Program?		Yes	No

◆ LOGGED PILOT HOURS ◆

	Hours		Hours		Hours
Total Logged All Aircraft		Retractable Gear		Make / Model - 1	
Multi-Engine		Helicopter		Make / Model - 2	
Turbo-Propeller		Jet		Make / Model - 3	
Tail Wheel		Seaplane			
Glider		Instructor			
Amphibious		Other	h		

Please explain fully any YES answers to the following questions on reverse side.

1.	As pilot in command or co-pilot have you had or been involved in any aircraft accidents or incidents?	No	Yes
2.	As pilot in command or co-pilot have you been found guilty of or been penalized, disciplined, fined or violated for any civil or military Air Regulations?	No	Yes
3.	Has your automobile drivers license ever been suspended or revoked?	No	Yes
4.	Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?	No	Yes
5.	Have you had any automobile accidents within the last five years?	No	Yes
6.	Any aircraft / aviation insurance claims or losses?	No	Yes
7.	Have you ever been convicted or pleaded guilty to a felony?	No	Yes
8.	Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years?	No	Yes
Remarks:			

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Date _____ Signed _____
(Pilot's personal signature required)

This pilot record is filed in connection with the insurance application of: _____
(Insured's Name)