

Pilot History Record One form per Pilot, Copy as Needed

LEAVE NO BLANKS

**FAA Pilot Certificates & Ratings
Now Held and Year Obtained:**

Name _____

Address _____

Phone _____ Home _____ Work _____ Mobile _____ Fax: _____

Birthdate ____/____/____ Certificate # _____

Occupation _____ E-Mail _____

*****FAA MEDICAL CERTIFICATE*****

Date Last Medical _____ Class **I II III SPORT**

Waivers (If none, write none) _____ (or Corrective Lenses or Color Blindness)

*****TRAINING AND RECURRENT TRAINING*****

Date of last Flight Review or equivalent _____

Date of last Instrument Competency Check _____

Do you participate in FAA Pilot Proficiency Awards Program? **No Yes.** If "Yes," what phase have you completed?

For what type aircraft? _____ Date completed _____

Recurrent/Transition Courses: Describe and give details of last courses attended:

School or instructor _____

Type rated in following aircraft _____

*****TOTAL FLIGHT HOURS*****

Flight Experience: Total Time Logged _____ Hours; Past 12 months _____ Hrs; Last 90 days _____ Hrs;

Tail Wheel _____ Hrs; Retractable Gear _____ Hrs; Multi-Engine _____ Hrs; Turbine _____ Hrs;

ASES _____ Hrs; AMES _____ Hrs; Rotor _____ Hrs; Military _____ Hrs; Glider _____ Hrs; Balloon _____ Hrs.

*****PILOT-IN-COMMAND HOURS*****

PIC Hours	AIRCRAFT MAKE & MODEL (M&M) (Example: Piper Arrow PA28R 180)	TOTAL M&M HOURS (Show hours below)	M&M LAST 12 MONTHS (do not show Fractional hrs)	M&M LAST 90 DAYS
Insured Aircraft type (Similar to N# Below ***)				
Like Aircraft				

Please explain fully any "Yes" answers to the following questions on the back or an additional piece of paper, if necessary.

As pilot-in-command or as co-pilot have you been found guilty of breaking any Federal Air Regulations violations? **No Yes**

Has your automobile drivers license ever been suspended or revoked or have you been convicted of a felony? **No Yes**

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? **No Yes**

Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years? **No Yes**

As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? Detail below **No Yes**

Accident / Claims History: Please list ALL violations, suspensions, accidents, incidents, whether or not they involve an insurance payment:

IF NONE, STATE "NONE". DO NOT LEAVE BLANK. (Continue full details on the back or an additional piece of paper, if necessary)

Date Description Amount Paid Ins Carrier

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 which would adversely affect approval by the Insurer.

Date _____ Signed _____

(Pilot's Personal Signature Required)

N# ***

This pilot record is filed in connection with the Insurance Application of
 Please mail original form to:

Scott "Sky" Smith, 518 SW 3rd St., Suite B, Ankeny, IA 50023; Voice (515) 289-1439, Fax (515) 864-0334