



Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ E-Mail Address: _____

Birth date: _____ Certificate Number: _____

Occupation: _____

Employer: _____

FAA PILOT CERTIFICATES

- Student CFI
- Private CFII
- Commercial MEI
- ATP CFI-Rotor
- Other: _____

FAA PILOT RATINGS

- ASEL ASES
- AMEL AMES
- Instrument Rotor Glider
- Other: _____

FAA MEDICAL CERTIFICATE

Date issued: _____ Class: _____

Waivers or Limitations (If none, write none): _____

INITIAL AND RECURRENT TRAINING

Date of last Biennial Flight Review: _____ Type Aircraft: _____

Date of last Instrument Proficiency Check: _____ Type Aircraft: _____

TOTAL LOGGED HOURS:

AIRCRAFT TYPE	TOTAL LOGGED HOURS	TOTAL LAST 12 MONTHS	TOTAL LAST 90 DAYS
Total Hours All Aircraft:			
Total Hours Fixed Wing:			
Total Hours in Cessna 172:			
Total Hours PA28-180:			
Other – please describe:			

IN THE LAST FIVE YEARS,

1. Have you been involved in any aircraft incidents or accidents?
 No Yes (PLEASE ADVISE DATE and EXPLANATION): _____
2. Have you been penalized, disciplined, or fined for a violation of any FARs?
 No Yes (PLEASE ADVISE DATE and EXPLANATION): _____
3. Has your pilot's license or driver's license been suspended or revoked?
 No Yes (PLEASE ADVISE DATE and EXPLANATION): _____
4. Have you been convicted of or pleaded guilty to A) a charge of driving under the influence of alcohol or drugs, or B) a felony?
 No Yes (PLEASE ADVISE DATE and EXPLANATION): _____

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

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In some jurisdictions, insurance fraud may also be subject to substantial civil penalties.

Date: _____

Signed _____

(Pilot's Personal Signature Required)

This pilot record is filed in connection with the Insurance Application of: Avra Valley Flyers, LLC