

# Pilot History Form



1. Name: (Please Print) Last			First	Middle	2. Age
3. Address: No. and Street		City		State	Zip
4. Present Employer:			5. Job Title:		
6. Primary Duties:			6a. Other duties:		
7. Employers Address: No. and Street		City		State	Zip
8. Date first rated as pilot: (a) Military:		9. Airman Certificate Number		10. Date of last physical (as required by F.A.A. regulation):	
(b) Civilian					
11. Is your Certificate current: Yes                  No		12. List waivers, if any:		13. For what purpose do you fly?	

14. PLEASE CIRCLE THE APPROPRIATE RESPONSES BELOW INDICATING YOUR PRESENT CLASSIFICATIONS:

Certificate:                  Student Pilot                  Private Pilot\*                  Commercial Pilot\*                  Airline Transport Pilot\*

\*Category Rating:                  Airplane                  Rotorcraft                  Lighter-than-Air                  Glider

Class Rating                  Single Engine Land                  Gyroplane                  Airship                  Helicopter

   Multi Engine Land\*\*                  Free Balloon                  Single Engine Sea                  Mult Engine Sea\*\*

\*\*Type Rating \_\_\_\_\_

Other (indicate certificate and rating) \_\_\_\_\_

**TOTAL HOURS OF PILOT EXPERIENCE – CIVILIAN AND MILITARY**

Aircraft Type	Aircraft Make and Model	Last 90 Days	Last 12 Months	Last 15 Years	Instrument Last 12 Months
Single Engine Land	All Models with fixed landing gear:				
	All Models with retractable landing gear:				
Multi-Engine Land					
Seaplanes and Amphibians					
Rotary Wing					

