



Aviator's Wing
PILOT HISTORY FORM

Pilot's Name _____ Date of Birth _____
Last, First, Middle

Address _____
Street, City, State, Zip Code

Phone _____ Email Address _____

Occupation _____ Employer _____ How Long _____

Airman Certificate No. _____ Date & Class of Last Physical _____

Date & Type of Aircraft of Biennial Flight Review _____

Renter's Insurance Company Name _____ Policy Number _____

Pilot Ratings (Mark ALL that apply): Student ___; Private ___; Instrument ___; Commercial ___; ATP ___; Instructor ___

Aircraft Ratings (Mark ALL that apply): S.E.L. ___; M.E.L. ___; S.E.S. ___; Helicopter ___; Other _____

Total Logged Civilian Pilot Hours: Pilot in Command _____; Co-Pilot _____

Total Logged Military Pilot Hours: Pilot in Command _____; Co-Pilot _____

Enter breakdown of LOGGED PILOT IN COMMAND hours (Military and Civilian combined)

	HOURS		HOURS
Single Engine Fixed Gear	_____	Cross Country	_____
Single Engine Retractable Gear	_____	Last 90 Days	_____
Turbo Prop	_____	Night Flying	_____
Turbo Jet	_____	Instrument Flying	_____
Helicopter – Reciprocating Powered	_____	A) Actual	_____
Helicopter – Turbine Powered	_____	B) Simulated	_____
Multi-Engine	_____	Tail Wheel	_____
Amphibious	_____	Seaplane	_____

Flight Time Applicant Requests Approval in the following Makes and Models of Aircraft

Make and Model of Aircraft	Total Logged Pilot in Command	Annual Recurrent Training
_____	Hours in this Aircraft	When _____
_____	_____	Where _____

PILOT HISTORY: Explain each "Yes" (Include Dates and Details) Absence of Entry means Negative answer

Are you flying under any waivers or limitations on your medical? _____ Describe _____

Ever penalized for violation of F.A.R.? _____ Describe _____

As a Pilot, have you ever had an Accident, Incident or Violation? _____ Describe _____

Has any insurance company cancelled, declined or refused to renew any insurance on your behalf? _____ Describe _____

I affirm the truth of the above information and statements.
I affirm that no material information has been withheld or suppressed.

Date _____

Pilot's Signature _____