

PILOT HISTORY QUESTIONNAIRE

Please answer all questions fully, giving details if requested.

Name: _____

Occupation: _____ Employer: _____

Age Last Birthday: _____ Date of Last Medical: _____

Are you completely free of any physical and mental defect or infirmity? Yes No

FLYING HISTORY

Where and when did you learn to fly? _____

And with what organization? _____

What class of license do you hold? _____ Number: _____

Is your license:

					day / month / year		
a)	Instrument Rated:	Yes	No	Date of Rating	____/____/____		
b)	Radio Rated?	Yes	No	Date of Rating	____/____/____		
c)	Other? (Specify)	Yes	No	Date of Rating	____/____/____		

If you have a commercial license, for what aircraft types is it endorsed? _____

Pilot experience for the last 5 years: (if insufficient space, please use separate sheet of paper)

AIRCRAFT TYPES	TOTAL HOURS (BY TYPE)	HOURS IN COMMAND (BY TYPE)
TOTAL HOURS		

Who maintains the aircraft you fly?

Have you ever had a reportable aircraft accident? Yes No

Have you ever had an application for aircraft hull or liability insurance declined or special terms imposed by an insurance company or underwriter? Yes No

Have you ever been grounded or had your license suspended or revoked? Yes No

If the answer is Yes to any of the above three questions, please give full details on a separate sheet of paper giving dates, aircraft, registration numbers and a description of the events.

Do you own your own aircraft? Yes No If yes, please advise year, make and model.

CURRENT AND PROPOSED FLYING

What types of flying have you undertaken during the past year?

TYPE (circle as appropriate)	PILOT HOURS		CREW HOURS	
	Hours	Aircraft Types	Hours	Aircraft Types
Commercial				
Club Flying				
Private Flying				
Rotary Wing				
Gliders/Sailplanes				
Other (Give Details)				
TOTAL HOURS				

Do you intend to have a similar flying pattern for the next 12 months Yes No (if no, give new pattern)

Do you fly for Business or Pleasure? If both, please provide approximate split between the two.
 Business % Pleasure %

Do you intend to use unlicensed or unrecognized airfields? Yes No
 If yes, give details including landing surface, proximity to high obstacles, etc.

Do you intend to engage in any of the following forms of flying? If so, please state estimated hours to be flown, giving full details with specific reference to the points mentioned.

	CHECK	DETAILS
a) Experimental or test flying (State whether routine Airworthiness or Prototype tests)	Yes No	
b) Competitions, Races, Record Attempts, Speed Trials, Aerobatics, Stunts or Exhibitions	Yes No	
c) Instruction (State whether Club or Commercial and whether Ab Initio or advanced)	Yes No	
d) Crop Spraying, Dusting or Seeding (State usual height from Ground and Location)	Yes No	
e) Any other specialized flying? e.g. Photography, Pipe or Power Line Patrols, etc.	Yes No	

I hereby declare that the answers given above are true and complete to the best of my knowledge and belief.

Pilot's Signature _____ Date _____