

Pilot Record Form

Name: _____
 Street Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Age: _____ Marital Status: _____ Number of Dependents: _____
 Occupation: _____ Pilot Certificate Number: _____
 Employer: _____

PILOT'S LICENCE: Date Granted: _____ Medical Profile: _____
 Type: Recreational Private Commercial A.T.P.
 Ratings: Multi Seaplane Rotary Wing
 Instrument Class _____ Instructor Class _____
 Endorsements: _____
 Conditions and Limitations: _____

Types of Aircraft Principally Flown Fixed Wing and/or Rotary Wing	Total Hours	Last 12 Months	Last 6 Months

State Total Hours: Fixed Wing: _____ Rotary Wing: _____
 State Pilot-in-Command Hours: Fixed Wing: _____ Rotary Wing: _____
 What area has your flying been in? _____

Breakdown of total flying: (PILOT-IN-COMMAND TIME ONLY)										
		Single Engine			Multi Engine			Rotary Wing		
Pilot-in-Command Time Only		Under 400 h.p. Fixed Gear	Under 400 h.p. Retractable Gear	Over 400 h.p.	Under 1,000 h.p.	Over 1,000 h.p.	Turbo Prop	Turbo Jet	Reciprocating	Turbine
Civilian										
Military										
Total										

Has your licence ever been cancelled or suspended? YES NO
 Has any insurance company ever refused to approve you as a pilot? YES NO
 If yes to either question above, state circumstances: _____

CLASSIFICATION OF FLIGHT TIME								
	Day	Night	Actual IFR	On Floats	On Wheels	On Skis	Amphibian	Instructor
Fixed Wing (a) Pilot-In-Command								
(b) Dual or Second Pilot								X
	Day	Night	Actual IFR	On Floats	On Wheels	On Skis	Amphibian	Instructor
Rotary Wing (a) Pilot-In-Command								
(b) Dual or Second Pilot								X

LIST OF ALL ACCIDENTS resulting in damage to aircraft or other property or in injury to persons:						
Date	Location	Make & Type Of Aircraft	Probable Cause	Injury to Persons	Damage to Aircraft	Damage to Other Property

- As Pilot-in-Command or as Co-Pilot have you:** (If yes, explain fully on bottom)
1. Had, or been involved in, any aircraft accidents? YES NO
 2. Had any violations of D.O.T. Air Regulations? YES NO
 3. Has your automobile drivers licence ever been suspended or revoked? YES NO
 4. Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? YES NO
 5. Have you had any automobile accidents within the last five years? YES NO

Remarks

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.

Date: _____ Signed: _____

This pilot record is filed in connection with the Insurance Application of: _____