

Name: _____			
Street Address: _____			
City: _____	Prov: _____	Postal Code: _____	
Age: _____	Marital Status: _____	Number of Dependents: _____	

Type of Endorsements:

Hours on Type: During Last 90 Days: _____ During Last 12 Months: _____

1. How often do you undergo formal training?

Twice per year
More than twice per year
Less than twice per year

2. Did you do an initial factory course or approved equivalent on any of the types listed above?

	Yes	No
--	-----	----

If so, when and where? _____

3. What **Ground School** do you attend? Name: _____

(a) Is this school approved by the aircraft manufacturer(s)?	Yes	No
(b) Does this school utilize visual motion simulators?	Yes	No
(c) Do you do recurrent simulator training?	Yes	No

4. What **Flight Training** do you undergo?

(a) Are normal and emergency operating procedures practiced in the aircraft?	Yes	No
(b) Are normal and emergency operating procedures practiced in the aircraft simulator?	Yes	No
(c) Is a written aircraft procedures and systems examination completed?	Yes	No

Date: _____ Pilot's Signature: _____