

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: _____