

Pilot Record Form

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Age: _____ Marital Status: _____ Number of Dependents: _____
 Occupation: _____ Pilot Certificate Number: _____
 Employer: _____

FAA Pilot Certificates and FAA Pilot Ratings Now Held and Date Obtained

Certificate	Date	Rating	Date	Other Certificates or Ratings
<input type="checkbox"/> Student		<input type="checkbox"/> ASEL		
<input type="checkbox"/> Sport		<input type="checkbox"/> AMEL		
<input type="checkbox"/> Private		<input type="checkbox"/> Instrument		
<input type="checkbox"/> Commercial		<input type="checkbox"/> Rotorcraft		
<input type="checkbox"/> ATP		<input type="checkbox"/> Seaplane		
<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Glider		

FAA Medical Certificate

Date Issued: _____ Class: _____
 Any physical impairments or limitations or waivers on Medical Certificate? Yes No
 Please explain if "Yes:" _____

Training and Recurrent Training

Year of first solo flight: _____ Type rated in the following aircraft: _____
 Date of last Flight Review or equivalent: _____
 Date of last instrument proficiency check (IPC) in the insured aircraft: _____
 Do you participate in WINGS - Pilot Proficiency Program? Yes No
 If "Yes," what level have you completed? Basic Advanced Master
 What phase number? _____ Date Completed: _____

Initial/Recurrent/Transition Courses:

Name of Facility	Make and Model	Date Attended

Do you hold a current FSI Pro Card or SimuFlite Card? Yes No If "Yes," date: _____

Pilot-In-Command Aircraft Experience

By Make/Model of Aircraft	Total Hours	Total Last 12 Months	Total Instrument	Total Night
All Single Engine				
All Multi Engine				
All Turboprop				
All Turbojet				
All Helicopter				
All Seaplane/Amphib				
Glass Cockpit/G1000				Not Applicable

Total Pilot-In-Command Time in All Aircraft: _____

Second-In-Command Aircraft Experience

By Make/Model of Aircraft	Total Hours	Total Last 12 Months	Total Instrument	Total Night
All Single Engine				
All Multi Engine				
All Turboprop				
All Turbojet				
All Helicopter				
All Seaplane/Amphib				
Glass Cockpit/G1000				Not Applicable

Total Second-In-Command Time in All Aircraft:

As pilot-in-command or as co-pilot, have you had or been involved in any aircraft incidents or accidents? Yes No

As pilot-in-command or as co-pilot, have you been found guilty of any Federal Aviation Regulations violations or have your pilot privileges ever been suspended or revoked? Yes No

Has your automobile driver's license ever been suspended or revoked? Yes No

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? Yes No

Have you had any automobile accidents within the last five years? Yes No

Use this space for explaining "Yes" answers to previous questions.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a felony to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation *and* that the information was either material to the risk assumed by the insurer *or* that the misinformation was provided fraudulently.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

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 : _____