

UAS Pilot/Operator Record Form

Name: _____
 Street Address: _____
 City: _____ Prov: _____ Postal code: _____
 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 and Ratings
<input type="checkbox"/> Student		<input type="checkbox"/> ASEL		
<input type="checkbox"/> Recreational		<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		
<input type="checkbox"/> UA Operator				

Total Pilot in Command Flight Hours (Manned Aircraft, Not UAS's): _____

Initial & Recurrent UAS Training:

Name / Location of Facility	UAS Model(s) Operated	Date Attended

UAS Operating Experience

By Make/Model of UAS	Total Hours Flown	Total # of Flights	Flights Last 12 Months

DESCRIBE YOUR EXPERIENCE BY TYPE OF FLIGHT MISSIONS (Aerial Photography, Fire Spotting, Search & Rescue, Atmospheric Research, Geographic Locations, Altitude Levels, Urban vs. Non-Populated Areas, etc.)

- As a pilot or operator, have you had or been involved in any aircraft incidents or accidents? Yes No
- As a pilot or operator, have you been found guilty of any Canadian 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.

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/operator record is filled in connection with the Insurance Application of: _____

