

## **PILOT HISTORY FORM**

Pilot Name		
Address		
City/State/Zip_		
PhoneDOB		DOB
Certificate:	□ Student Pilot □ Private Pilot □ Commercial □ ATP □ CFI □ CFII □ Other □ Instrument-Airplane □ Instrument-RW □ SEL □ SES □ MEL □ MES □ RW	
Medical Class Medical Date		
Certificate/Me	dical Limitations & Wai	vers
In the past 5 years have you been involved in whether covered by insurance or not?  If Yes, explain		
In the past 5 ye	ears have you been subj	jected to any FAA enforcement?
In the past 5 ye	ears have you been con	victed of a felony or DUI/DWI?
In the past 5 ye	ears have you had your	Driver's License suspended? ☐ Yes ☐ No
Pilot Experience		
Total Logged Flight Hours		Total Hours in last 12 Months
Cessna 150 Total Hours		Total Hours in last 12 Months
Cessna 172 Total Hours		Total Hours in last 12 Months
Piper PA-28 Total Hours		Total Hours in last 12 Months
Total Hours		Total Hours in last 12 Months
Total Hours		Total Hours in last 12 Months
Formal Training Received		Date
Location		
Latest Flight Re	eview, Type and Date	
Pilot Signature		Date