

AVIATION - CIVILIAN

Client Name: _____
Submit the Client Information Questionnaire with this form

Private Aviation - Not for hire

Please identify your aviation status:

Student Pilots:

Date first flight _____ Date Last Flight _____ Total # hours to date _____
Type of aircraft flown _____ Expected Licensing/Certification date _____

Private Pilot/Private Aviation

License/Certifications currently held: VFR IFR Commercial ATP
Date First Licensed/Certified _____ Date last flight _____ Job duties aboard the aircraft _____

Total # of hours

To Date _____ Last 12 months _____ Last 24 months _____
Estimated next 12 months _____ Estimated next 24 months _____
Any accidents or violations? Yes No If yes, details: _____
Do you have a current medical certificate? (Y/N) _____ Date last medical exam _____

Type of Aircraft Flown (eg. Single engine, multi-engine, jet, propeller, helicopter, experimental, kit)

Name/Type/# of engines _____ Date Last Flown _____ Total hours _____
Name/Type/# of engines _____ Date Last Flown _____ Total hours _____
Name/Type/# of engines _____ Date Last Flown _____ Total hours _____
Who owns and maintains the aircraft? _____
Do you fly for pleasure only? Yes No If no, details _____
Do you fly outside of the Continental US? Yes No If Yes, provide details _____

Civil Aviation - Commercial

Private Pilot/Private Aviation including crew members

License/Certifications currently held: VFR IFR Commercial ATP
Date First Licensed/Certified _____ Date last flight _____
Job duties aboard the aircraft _____
Any Student instruction? Yes No If Yes – Provide details: _____

Total # of hours

To Date _____ Last 12 months _____ Last 24 months _____
Estimated next 12 months _____ Estimated next 24 months _____
Any Accidents or violations? Yes No If yes, details: _____
Do you have a current medical certificate? (Y/N) _____ Date last medical exam _____
Any Accidents or violations? Yes No If yes, details _____
If instructor, hours spent providing pilot instruction:
To Date _____ Last 12 months _____ Last 24 months _____
Estimated next 12 months _____ Estimated next 24 months _____

Type of Aircraft Flown (eg. Single engine, multi-engine, jet, propeller, helicopter, experimental, kit)

Name/Type/# of engines _____ Date Last Flown _____ Total hours _____
Name/Type/# of engines _____ Date Last Flown _____ Total hours _____
Name/Type/# of engines _____ Date Last Flown _____ Total hours _____
Who owns and maintains the aircraft? _____
Do you fly outside of the US? Yes No If Yes, details _____
US Certified Passenger/Cargo Airline Name _____ US Certified All-Cargo Airline Name _____
US Certified Charter Airline Name _____ Other _____
Any: Crop Dusting/Spraying Test Flying Experimental Aerobatic Stunt Hang Gliding Ultralight Other _____