

PILOT RECORD

Name		<i>Pilot Certificates Now Held</i>
Address City, State, Zip		<input type="checkbox"/> Student
Home Phone		<input type="checkbox"/> Private
Work Phone		<input type="checkbox"/> Commercial
Cell/Pager		<input type="checkbox"/> ATP
E-mail		<input type="checkbox"/> Recreational
Date of Birth		<input type="checkbox"/> Flight Instructor
Occupation		<i>FAA Pilot Ratings Now Held</i>
Employer		<input type="checkbox"/> ASEL <input type="checkbox"/> SES
Certificate Number		<input type="checkbox"/> AMEL <input type="checkbox"/> MES
		<input type="checkbox"/> IFR <input type="checkbox"/> Glider
		<input type="checkbox"/> Helicopter
		<input type="checkbox"/> Other _____

◆ **FAA MEDICAL CERTIFICATE** ◆

Date Issued		Class	
Waivers If none, write none			

◆ **TRAINING AND REFRESHER TRAINING** ◆

Date of last Biennial Flight Review or equivalent.			
Do you participate in FAA Pilot Proficiency Award Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe simulator or flight training		Describe simulator or flight training	
Aircraft Type		Aircraft Type	
School		School	
Date		Date	

◆ **LOGGED PILOT HOURS** ◆

	Hours	Hours	Hours
Total Logged All Aircraft	C-152	Bonanza C33(A)	
Multi-Engine	C-152 Last 90 Days	Other Bonanza (specify model) _____	
Turbo-Propeller	C-172	Bonanza Last 90 Days	
Tail Wheel	C-172 Last 90 Days	Bonanza Last 12 Mos.	
Glider	C-172 RG	Travel Air B95	
Instructor	C-172 RG Last 90 Days	Travel Air Last 90 Days	
Actual Instrument	Warrior II	Travel Air Last 12 Mos.	
Simulated Instrument	Warrior II Last 90 Days	Retractable	

Please explain fully any YES answers to the following questions on reverse side.

1. As pilot in command or co-pilot have you had or been involved in any aircraft accidents or incidents?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. As pilot in command or co-pilot have you been found guilty of or been penalized, disciplined, fined or violated for any civil or military Air Regulations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Has your automobile drivers license ever been suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Have you had any automobile accidents within the last five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Any aircraft/aviation insurance claims or losses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Have you ever been convicted or pleaded guilty to a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Remarks:

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 _____
(Pilot's personal signature required)

This pilot record is filed in connection with the insurance application of **Centennial Flyers, LLC.**