



Pilot Experience Form

Personal Information

Name _____
 Address _____

 Age _____ Birth date _____
 Soc. Sec. No. _____
 AOPA Mbr. No. _____
 Drive. Lic. No. _____ State _____
 Occupation _____
 Employer _____ No. Yrs. _____
 Marital Status _____ No. of Depend. _____
 Phone Day _____ Email _____
 Cell _____ Fax _____

FAA Information

Medical Certificate
 Date Issued _____ Class (circle one) I II III
 Waivers (if none, enter none) _____
 Airman Cert# _____ Pilot Ratings Held _____ Yr. Obtained _____
 Pilot Cert. Held Yr. Obtained Single Engine Land _____
 Student _____ Multi-engine Land _____
 Private _____ Single-Engine Sea _____
 Commercial _____ Multi-engine Sea _____
 ATP _____ Instrument _____
 CFI _____ Rotorwing _____
 Other () _____ Glider _____
 Date Of Last Biennial Flight Review: _____
 Date Of Last Instrument Proficiency Check: _____

Initial and Recurrent Training **Aircraft make & model Inst. Prof. Checkout received in:**

Type of training in aircraft to be insured: _____ Is annual recurrent training received in this aircraft? Yes No
 List all aircraft manufacturer's approved ground and flight schools attended:
 School _____ Model _____ Dates _____

 Recurrent/Transition Courses:
 Describe and give dates of last attended and/or planned training:

 School or Instructor _____
 If "Yes", aircraft type _____ Date _____
 Do you hold any professional flight training cards (FSI Pro, Simuflite, etc.)? No Yes

Pilot Experience

Yr 1st Solo Flight _____ Tot Hrs All Aircraft _____ Tot Hrs Insured Aircraft _____ Glider Hrs: _____
 Retr Gear Hrs: _____ Multi-engine Hrs: _____ Turbo Prop Hrs: _____ Jet Hrs: _____
 Rotor Hrs: _____ Turbine Rotor Hrs: _____ Tail Wheel Hrs: _____ Sea Hrs: _____

| List All Aircraft Makes & Models | Total Hours PIC | Total Hours SIC | Total Hours Last 90 Days | Total Hours Last 12 Mos. | Total Hours Instrument | Total Hours Night |
|----------------------------------|-----------------|-----------------|--------------------------|--------------------------|------------------------|-------------------|
| Piper PA-28-181 | | | | | | |
| Cessna R172K | | | | | | |
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Use reverse side for additional aircraft

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

- As pilot-in-command or as co-pilot, have you ever had or been involved in any aircraft incidents or accidents? No Yes
- As pilot-in-command or as co-pilot have you ever been found guilty of any Federal Air Regulations violations? No Yes
- Has your automobile driver's license ever been suspended or revoked? No Yes
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs (DUI)? No Yes
- Have you had any automobile accidents within the last five years? No Yes

I affirm that the answers given are true and complete to the best of my knowledge and that no material information has been withheld.

Signed _____ Date _____
(Pilot's Personal Signature Required)

This pilot record is filed in connection with the insurance application of **Pittsburgh Flying Club et al**

442 Castle Shannon Boulevard, Pittsburgh, Pennsylvania 15234-1406