

Pilot History Form



1. Name: (Please Print) Last			First	Middle	2. Age
3. Address: No. and Street		City		State	Zip
4. Present Employer:			5. Job Title:		
6. Primary Duties:			6a. Other duties:		
7. Employers Address: No. and Street		City		State	Zip
8. Date first rated as pilot: (a) Military:		9. Airman Certificate Number		10. Date of last physical (as required by F.A.A. regulation):	
(b) Civilian					
11. Is your Certificate current: Yes No		12. List waivers, if any:		13. For what purpose do you fly?	

14. PLEASE CIRCLE THE APPROPRIATE RESPONSES BELOW INDICATING YOUR PRESENT CLASSIFICATIONS:

Certificate: Student Pilot Private Pilot* Commercial Pilot* Airline Transport Pilot*

*Category Rating: Airplane Rotorcraft Lighter-than-Air Glider

Class Rating Single Engine Land Gyroplane Airship Helicopter

 Multi Engine Land** Free Balloon Single Engine Sea Mult Engine Sea**

**Type Rating _____

Other (indicate certificate and rating) _____

TOTAL HOURS OF PILOT EXPERIENCE – CIVILIAN AND MILITARY

Aircraft Type	Aircraft Make and Model	Last 90 Days	Last 12 Months	Last 15 Years	Instrument Last 12 Months
Single Engine Land	All Models with fixed landing gear:				
	All Models with retractable landing gear:				
Multi-Engine Land					
Seaplanes and Amphibians					
Rotary Wing					

TOTAL HOURS OF PILOT EXPERIENCE – MILITARY ONLY

16. Single Engine _____ During 19 _____ Thru 19 _____

TOTAL Pilot Hours (Last 15 years): _____ Multi-Engine _____ During 19 _____ Thru _____

17. HAVE YOU HAD ANY ACCIDENTS WHILE ACTING AS A PILOT? Yes _____ No _____
(If yes, attach a statement with complete details, or use space below.)

18. HAVE YOU EVER BEEN PENALIZED FOR VIOLATING ANY FLIGHT REGULATION? Yes _____ No _____
(If yes, attach a statement with complete details, or use space below.)

19. DO YOU ENGAGE IN ANY FLYING ACTIVITIES REQUIRING A SPECIAL PERMIT OR WAIVER FROM A GOVERNMENTAL AUTHORITY
HAVING JURISDICTION OVER CIVIL AVIATION? Yes _____ No _____
(If yes, attach a statement with complete details, or use space below.)

I hereby certify that all the information given by me to the foregoing questions and statements is true and correct to the best of my knowledge:

Date _____

_____ Personal Signature of Applicant

(Use below space as needed)

Return the completed form to your campus benefits manager.