

Aero Alliance Insurance Services

AGRICULTURAL PILOT RECORD

Name _____
 Address _____
 Birth Date _____ SSN _____
 Certificate # _____
 Marital Status _____ Number of Dependents _____

| FAA PILOT CERTIFICATES NOW HELD & YEAR OBTAINED | | |
|---|-------|-------|
| Private | _____ | _____ |
| Commercial | _____ | _____ |
| ATP | _____ | _____ |
| Flight Instructor | _____ | _____ |

FAA MEDICAL CERTIFICATE

Date Issued _____ Class _____
 Waivers (if none, write none) _____

| FAA PILOT RATINGS NOW HELD & YEAR OBTAINED | | |
|--|-------|-------|
| ASEL | _____ | _____ |
| AMEL | _____ | _____ |
| ASES | _____ | _____ |
| Instrument | _____ | _____ |
| Rotorcraft | _____ | _____ |

TRAINING & RECURRENT TRAINING

Year of first solo flight _____ Date of last BFR or equivalent _____
 Type rated in following a/c _____
 Describe Flight Training (school, location, equipment, instructor, etc.) _____

Recurrent/Transition Courses: Describe and give details of courses attended _____

| AGRICULTURAL FLYING HOURS | TOTAL HOURS | TOTAL LAST 12 MONTHS | TOTAL LAST 90 DAYS | TOTAL NIGHT |
|---------------------------|-------------|----------------------|--------------------|-------------|
| Seeding | | | | |
| Fertilizing | | | | |
| Dusting | | | | |
| Spraying | | | | |
| Bird or Fowl Herding | | | | |
| LIST AG AIRCRAFT FLOWN | TOTAL HOURS | TOTAL LAST 12 MONTHS | TOTAL LAST 90 DAYS | TOTAL NIGHT |
| | | | | |
| | | | | |
| | | | | |

Total hours ALL FLYING as Pilot-in-Command _____ Number of years of AG flying experience _____

| PREVIOUS EMPLOYERS NAME & ADDRESS | DUTIES | FROM | UNTIL |
|-----------------------------------|--------|------|-------|
| | | | |
| | | | |
| | | | |

Please explain fully any "Yes" answers to the following on reverse side

- As Pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? NO YES
- As Pilot-in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations? NO YES
- As Pilot-in-command or as co-pilot have you had your Pilot Certificate or Ag Applicator Certificate suspended/revoked? NO YES
- Has your automobile license ever been suspended or revoked? NO YES
- Have you ever been arrested for operating a motor vehicle under the influence of alcohol or drugs? NO YES
- Have you had any automobile accidents within the last five years? NO YES

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 _____

This pilot record is filed in connection with the insurance application of _____