

Aero Alliance Insurance Services

HELICOPTER OPERATORS PILOT RECORD

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

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

FAA MEDICAL CERTIFICATE

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

TRAINING & RECURRENT TRAINING

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

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

Date of last BFR or equivalent _____ Date of last instrument competency check _____

Do you participate in FAA Pilot Proficiency Awards Program? YES NO If yes, what phase have you completed? _____

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

School or Instructor: _____

Do you hold a current FSI Pro Card or Simuflite Card? YES NO If yes, date? _____

PILOT-IN-COMMAND EXPERIENCE

AIRCRAFT MAKE/MODEL	TOTAL HOURS	TOTAL LAST 12 MONTHS	TOTAL LAST 90 DAYS	TOTAL INSTRUMENT	TOTAL NIGHT

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
- 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 _____