



PILOT HISTORY FORM

1. NAME	First	M.I.	Last	
2. DATE OF BIRTH	3. MARITAL STATUS		<input type="checkbox"/> Single <input type="checkbox"/> Married	
4. ADDRESS				
	City		State	Zip Code
5. PRESENT EMPLOYER	6. JOB TITLE & DUTIES			
7. EMPLOYER'S ADDRESS				
	City		State	Zip Code
8. DATE FIRST RATED AS A PILOT	Military		Civilian	
9. AIRMAN CERTIFICATE NUMBER			10. DATE OF LAST PHYSICAL AS REQUIRED BY FAA REG. 21:30	
11. IS YOUR CERTIFICATE CURRENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
12. LIST WAIVERS, IF ANY				
13. FOR WHAT PURPOSE DO YOU FLY?				
14. PLEASE CHECK THE APPROPRIATE BOXES BELOW INDICATING YOUR PRESENT CLASSIFICATION				
CERTIFICATES		RATINGS		
<input type="checkbox"/> Student Pilot	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Single Engine Land	<input type="checkbox"/> Lighter than Air	
<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Flight Navigator	<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Flgt. Instr. Helicopter	
<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Flight Radio Operator	<input type="checkbox"/> Multi Engine Land	<input type="checkbox"/> Flgt. Instr. Airplane	
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Multi Engine Sea	<input type="checkbox"/> Instrument	
	<input type="checkbox"/> Ground Instructor	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Mechanic, Air Frame	
		<input type="checkbox"/> Glider	<input type="checkbox"/> Mechanic, Power Plant	
Other (describe)		Other (describe)		
15. HOURS OF PILOT EXPERIENCE - CIVILIAN ONLY				
		Total	Last 90 Days	Last 12 Months
Single-Engine Land	All models with fixed landing gear:			Instrument Last 12 Months
	All models with retractable landing gear:			
Multi-Engine Land (Show Make and Model)				
Seaplanes & Amphibians (Show Make and Model)				
	Total water landings & take-offs	xxxxxxx		xxxxxxx
Rotary Wing (Show Make and Model)				
16. HOURS OF PILOT EXPERIENCE - MILITARY				
	Pilot Hours	Date		Date
Single Engine		From		To
Multi-Engine		From		To
17. HAVE YOU HAD ANY ACCIDENTS WHILE ACTING AS A PILOT?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If "Yes", give date, places, makes and models of aircraft involved and details of injuries sustained. Attach statement with complete details)			
18. HAVE YOU EVER BEEN PENALIZED FOR VIOLATING ANY FLIGHT REGULATIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If "Yes", attach statement with complete details)			
I hereby attest that all the information given by me to the foregoing questions and statements is true to the best of my knowledge.				
Name/signature				Date

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