

Pilot History Record One form per Pilot, Copy as Needed

LEAVE NO BLANKS

**FAA Pilot Certificates & Ratings
Now Held and Year Obtained:**

Name _____
 Address _____
 Phone _____ Home Work Mobile Fax:
 Birthdate ____/____/____ Certificate # _____
 Occupation _____ E-Mail _____

- Student _____
- Private _____
- Commercial _____
- ATP _____
- CFI / CFI I _____
- ASEL _____
- AMEL _____
- Instrument _____
- _____
- _____
- _____

*****FAA MEDICAL CERTIFICATE*****

Date Last Medical _____ Class I II III

Waivers (If none, write none) _____ (or Corrective Lenses or Color Blindness)

*****TRAINING AND RECURRENT TRAINING*****

Date of last Flight Review or equivalent _____

Date of last Instrument Competency Check _____

Do you participate in FAA Pilot Proficiency Awards Program? No Yes. If "Yes," what phase have you completed? _____

For what type aircraft? _____ Date completed _____

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

School or instructor _____

Type rated in following aircraft _____

Do you hold a current FSI Pro Card or Simuflite Card? Yes Date _____ No

*****TOTAL FLIGHT HOURS*****

Flight Experience: Total Time Logged _____ Hours; Past 12 months _____ Hrs; Last 90 days _____ Hrs;
 Tail Wheel _____ Hrs; Retractable Gear _____ Hrs; Multi-Engine _____ Hrs; Turbine _____ Hrs;
 ASES _____ Hrs; AMES _____ Hrs; Rotor _____ Hrs; Military _____ Hrs; Glider _____ Hrs; Balloon _____ Hrs.

*****PILOT-IN-COMMAND HOURS*****

PIC Hours	AIRCRAFT MAKE & MODEL (M&M) (Example: Piper Arrow PA28R 180)	TOTAL M&M HOURS (Show hours below)	M&M LAST 12 MONTHS (do not show Fractional hrs)	M&M LAST 90 DAYS
Insured Aircraft type _____				
Similar to N# Below *** _____				
Like Aircraft _____				

Please explain fully any "Yes" answers to the following questions on the back or an additional piece of paper, if necessary.

- As pilot-in-command or as co-pilot have you been found guilty of breaking any Federal Air Regulations violations? No Yes
- Has your automobile drivers license ever been suspended or revoked or have you been convicted of a felony? No Yes
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? No Yes
- Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years? No Yes
- As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? Detail below No Yes

Accident / Claims History: Please list ALL violations, suspensions, accidents, incidents, whether or not they involve an insurance payment:
 IF NONE, STATE "NONE" **DO NOT LEAVE BLANK.** (Continue full details on the back or an additional piece of paper, if necessary)

Date _____ Description _____ Amount Paid _____ Ins Carrier _____

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 which would adversely affect approval by the Insurer.

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

AOPA # _____ EAA# _____ ***

This pilot record is filed in connection with the Insurance Application of _____ N# _____

Please mail original form to:

SkySmith Insurance Agency, 518 SW 3rd St., Suite B, Ankeny, IA 50021; Voice (515) 289-1439, Fax (515) 864-0334