



524 Renner Field Road • Goodland, KS 67735
 insurance@rockyaviation.com

PILOT RECORD

Name _____
 Address _____
 DOB _____
 Certificate No. _____
 Occupation _____
 Employer _____

FAA PILOT CERTIFICATES AND RATINGS NOW HELD AND YEAR OBTAINED

| ROTOR WING | | FIXED WING | |
|-------------------|--|-------------------|--|
| Student | | Student | |
| Private | | Private | |
| Commercial | | Commercial | |
| ATP | | ATP | |
| Flight Instructor | | Flight Instructor | |
| Instrument | | ASEL | |
| | | AMEL | |
| | | ASES | |
| | | AMES | |
| | | Instrument | |

FAA MEDICAL CERTIFICATE

Date Issued ___ / ___ / ___ Class _____
 Waivers (If none, write none) _____

TRAINING AND REFRESHER TRAINING

Year of first solo flight _____ Type rated in following aircraft _____
 Describe Flight Training (School, location, equipment, instructor, etc.) _____

Date of last Biennial Flight Review or equivalent _____

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

I II III IV V For what type of aircraft? _____

Refresher/Transition Courses: Describe and give dates of last courses attended: _____

School or instructor _____

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

PILOT EXPERIENCE

TOTAL TIME FIXED WING _____ TOTAL TURBINE TIME _____ TOTAL MULTI ENGINE TIME _____
 TOTAL TIME ROTOR WING _____ TOTAL RETRACT TIME _____ TOTAL LAST 12 MONTHS _____
 TOTAL TURBO PROP TIME _____ TOTAL TAILWHEEL _____ TOTAL TIME ALL AIRCRAFT _____

| AIRCRAFT MAKE/MODEL | TOTAL HOURS PILOT IN COMMAND | TOTAL LAST 12 MONTHS | | TOTAL LAST 90 DAYS | | TOTAL INSTRUMENT | TOTAL HOURS SECOND IN COMMAND |
|---------------------|------------------------------|----------------------|-----|--------------------|-----|------------------|-------------------------------|
| | | PIC | SIC | PIC | SIC | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |

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

- As pilot-in-command or as co-pilot have you ever been involved in any aircraft 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 driver's license ever been suspended or revoked? No Yes
- Have you ever been arrested for operating an automobile 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 _____ Signature _____

(Pilot's Personal Signature Required)