



AVIATION UNDERWRITERS, Inc.

AGRICULTURAL PILOT RECORD

Name _____ Address _____

Age _____ Marital Status _____ No. of Dependents _____ Soc Sec. No. _____

FAA Pilot Certificate Now Held:

- Private
- Commercial
- ATR
- Flight Instructor

FAA Pilot Ratings Now Held:

- ASEL
- AMEL
- ASES
- AMES
- Instrument
- Helicopter

FAA Certificate # _____ State Certificate # _____

Year Above Certificates Obtained _____ Year(s) Above Ratings Obtained _____

Year First Solo Flight _____ Type Rated in Following Aircraft: _____

FAA Medical Certificate: Date Issued _____ Class _____ Waivers _____
(if not, so state)

Describe Flight Training: (i.e. school, location, instructor, equipment, etc.) _____

Describe and give Dates of Lost Refresher or Transition Courses: _____

PILOT EXPERIENCE

TOTAL HOURS ALL FLYING AS PILOT IN COMMAND: _____

AGRICULTURAL FLYING HOURS:	TOTAL HOURS	LAST 12 MONTHS	LAST 90 DAYS	TOTAL NIGHT
Seeding	_____	_____	_____	_____
Fertilizing	_____	_____	_____	_____
Dusting	_____	_____	_____	_____
Spraying	_____	_____	_____	_____
Bird or Fowl Herding	_____	_____	_____	_____

List Ag aircraft flown

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NUMBER OF YEARS OF AG FLYING EXPERIENCE _____

PREVIOUS EMPLOYERS:

NAME & ADDRESS	DUTIES	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As Pilot-in-Command or as Co-Pilot have you:

(If yet, explain fully
an reverse side)

- 1. Had or been involved in any aircraft accidents..... No Yes
- 2. Had any violations of Federal Air Regulations..... No Yes
- 3. Had your Pilot Certificate or Ag Applicator Certificate suspended or revoked?..... No Yes
- Has your automobile drivers 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 warrant 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 _____
(Pilot's Personal Signature Required)

This pilot record is filed in connection with the Insurance Application of _____
(Name)