



# AVIATION UNDERWRITERS., INC.

4515 Poplar Avenue Suite 415, Memphis, TN 38117

## PILOT RECORD

Name \_\_\_\_\_ Address \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Soc. Sec. No. _____	FAA Pilot Certificate Now Hold:	Year Obtained	FAA Pilot Ratings Now Hold:	Year Obtained
Certificate No. _____	___ Student	_____	___ ASEL	_____
Marital Status _____	___ Private	_____	___ AMEL	_____
No. of Dependents _____	___ Commercial	_____	___ ASES	_____
	___ ATR	_____	___ AMES	_____
	___ Flight Instructor	_____	___ Instrument	_____

Year First Solo Flight \_\_\_\_\_ Type Rated in Following Aircraft: \_\_\_\_\_

FAA Medical Certificate- Date Issued \_\_\_\_\_ Class \_\_\_\_\_ Waivers \_\_\_\_\_  
(if none, so state)

Date of Last Biennial Flight Review or Equivalent \_\_\_\_\_

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

Describe and give Dates of Last Refresher or Transition Courses: \_\_\_\_\_

Do you hold a current FSI Pro Card?  Yes  No

School or Instructor \_\_\_\_\_

## PILOT EXPERIENCE

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

Phase I  Phase II  Phase III  Phase IV For what type aircraft? \_\_\_\_\_

List each aircraft by Make and Model and Hours as Pilot-in-Command in each:

AIRCRAFT MAKE AND MODEL	TOTAL HOURS	Total Last 12 Months	Total Last So Days	Total Instrument	Total Night
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Over)

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

(if yes, explain fully  
on reverse side)

1. Had, or been Involved in, any aircraft accidents? \_\_\_\_\_ .  No  Yes

2. Had any violations of Federal Air Regulations? \_\_\_\_\_ .  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)