



Pilot History Form

800 Battery Ave SE
The Battery, Suite 100
Atlanta, GA 30339

Name Insured: _____
Name: _____ **DOB: (mm/yy)** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Email: _____ **Work Phone:** _____ **Mobile Phone:** _____
Employer: _____ **Occupation:** _____
Airmen Certificate #: _____ **AOPA:** _____ **EAA:** _____

Emergency Contact: Name: _____ Relationship: _____
 Phone: _____ Email: _____

FAA Medical Certificate: Class - 1st 2nd 3rd Basic
 Date of last Physical: _____ Waivers or Limitations (Other than Vision Correction): None

Flight Review: *List Date of Last Certificate/Rating if Exempt by Provisions of FAR 61.56(d)
 Date of Last Flight Review:* _____ Date of Last IPC: _____

FAA Pilot Certificates:				FAA Pilot Ratings:		
Student	Private	Commercial	ATP	ASEL	AMEL	TailWheel
MEI	CFI	CFII		ASES	AMES	Instrument
						RW-Helicopter

Fixed Wing Flight Experience:	Total Logged	Last 12 months	Type Ratings:
Total Hours as Pilot			
Total Hours in Multi-Engine			
Total Hours in Retractable Gear			
Total Hours in Tail Wheel			
Total Hours Turboprop			
Total Hours in Turbojet			
Total Hours in Make & Model:			
Aircraft:			
Aircraft:			
Aircraft:			

Rotor-Wing Flight Experience:	Total Logged	Last 12 months
Total Hours in Helicopters		
Total Hours in Piston Helicopters		
Total Hours in Turbine Helicopters		
Total Hours in Gyroplanes		
Total Hours in Make & Model:		
Helicopter:		
Helicopter:		
Helicopter:		

Recurrent/Proficiency Training Attended for Specific Models: (Completion certificate must be attached)

School~Location	Date Attended (mm/yy)	Aircraft Model	Simulator Hours	Flight Hours

Questions apply to the last 10 years:

Any aircraft accidents or Incidents?	Yes	No
Cited for violation civil or military flight regulations?	Yes	No
Convicted or pleaded guilty to a felony?	Yes	No
Arrested for driving under the influence of drugs/alcohol?	Yes	No
Waivers or limitations on your medical certificate?(Attach a copy of any Certificate or Demonstrated ability)	Yes	No
Insurance company ever cancel, decline to issue or decline to renew any insurance policy held by you?	Yes	No

Explain any "Yes" answer (Include dates and details):

I represent that all information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.

Signature: _____ Date: _____