



## Pilot Data Sheet

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Alt. Email: \_\_\_\_\_  
\_\_\_\_\_  
Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Fax: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE NUMBERS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
\_\_\_\_\_

### Required Documents:

- \_\_\_\_\_ Drivers' License (both sides)
- \_\_\_\_\_ Pilot and Instructor Certificates (both sides)
- \_\_\_\_\_ Medical Certificate
- \_\_\_\_\_ CSIP Certificate (if applicable) or proof of prior SR22 Checkout
- \_\_\_\_\_ Current Flight Review Endorsement (or equivalent)
- \_\_\_\_\_ IPC Endorsement (or equivalent)
- \_\_\_\_\_ Copy of last 3 pages of pilot logbook

*Color scans are preferred, as most of these documents are rendered illegible when faxed.*

# PILOT HISTORY DATA

Date: \_\_\_\_\_

Name (First, Middle, Last)			Date of Birth																												
Address		City		State	Zip Code																										
Employers Name		Aircraft Currently Flown as PIC:		Current Employment:																											
Airman's Certificate No.	Medical: Class and Date of Issuance		Date Hired: Mo. ____ Year ____	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>																										
<b>CERTIFICATES AND RATINGS</b> Student <input type="checkbox"/> Single Engine Land Private: <input type="checkbox"/> Single Engine Sea: Commercial: <input type="checkbox"/> Multi-Engine Land: Airline (ATP): <input type="checkbox"/> Multi-Engine Sea: Instructor: <input type="checkbox"/> Center Line Thrust: Instrument Rating: <input type="checkbox"/> Mechanic-Aircraft: Helicopter: <input type="checkbox"/> Mechanic-Powerplant: Glider: <input type="checkbox"/>  Other (Specify): _____ _____ _____  Type Ratings: _____ _____			<b>PILOT EXPERIENCE</b>		<b>COPILOT</b>																										
			<b>CATEGORIES:</b>		<b>TOTAL</b>	<b>Last 12 Mos.</b>	<b>DUAL REC.</b>	<b>DUAL GIVEN</b>																							
			<input type="checkbox"/> Single-Engine Piston																												
			<input type="checkbox"/> Multi-Engine Piston																												
			<input type="checkbox"/> Multi-Engine Turbo Prop																												
			<input type="checkbox"/> Multi-Engine Jet																												
			<input type="checkbox"/> Single-Engine Jet																												
			<input type="checkbox"/> Turbine Helicopters																												
			<input type="checkbox"/> Piston Helicopters																												
			<input type="checkbox"/> Other																												
<b>TRAINING</b> <b>Full Motion Simulator Training</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">School</td> <td style="width: 33%;">Aircraft</td> <td style="width: 33%;">Mo/Yr</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <b>"Other" Training</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">School</td> <td style="width: 33%;">Aircraft</td> <td style="width: 33%;">Mo/Yr</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			School	Aircraft	Mo/Yr	_____	_____	_____	_____	_____	_____	_____	_____	_____	School	Aircraft	Mo/Yr	_____	_____	_____	_____	_____	_____	_____	_____	_____	<b>TOTALS:</b>				
			School	Aircraft	Mo/Yr																										
			_____	_____	_____																										
			_____	_____	_____																										
			_____	_____	_____																										
			School	Aircraft	Mo/Yr																										
			_____	_____	_____																										
			_____	_____	_____																										
			_____	_____	_____																										
			<b>Specific Aircraft</b>																												
<b>Cirrus SR 20</b>																															
<b>Cirrus SR 22</b>																															
<b>Biennial Flight Review:</b>			<b>Date:</b>	<b>Aircraft:</b>																											

Where and when did you learn to fly? (Give year, place and school or course completed.)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever been involved (as a pilot or copilot) in an aircraft accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your pilot or medical certificate ever been suspended or revoked?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been cited for violating any federal air regulations?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any limitations or waivers on your medical certificate?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Explain yes answers on reverse)

I certify that the above statements are true.

\_\_\_\_\_