



**Pilot History Form**

**FAA Pilot Certificates Held and Year Received**

<u>Pilot Name (Printed):</u>	
<u>Street address:</u>	<input type="checkbox"/> Student
<u>City, State &amp; Zip</u>	<input type="checkbox"/> Private
<u>Telephone:</u>	<input type="checkbox"/> Commercial
<u>Birth Date:</u>	<input type="checkbox"/> ATP
<u>Soc. Sec. No:</u>	<input type="checkbox"/> CFI
<u>Occupation:</u>	<input type="checkbox"/> CFII
<u>Employer:</u>	<input type="checkbox"/> MEI
<u>Pilot Cert. Number:</u>	<input type="checkbox"/>

**FAA Medical Certificate:**

Issue Date:	Class	FAA Pilot Ratings Now Held and Year Received
Waivers or Limitations: (if none, write none):		<input type="checkbox"/> ASEL
<b>Flight Review: List Date of Last Certification/Rating if exempt by provisions of FAR61.56(d)</b>		<input type="checkbox"/> AMEL
Date of last flight review:	Type Aircraft:	<input type="checkbox"/> Instrument
Date of last PC:	Type Aircraft:	<input type="checkbox"/> ASES
		<input type="checkbox"/> AMES
		<input type="checkbox"/> RW- Helicopter

**Fixed Wing Flight Experience:**

**Rotor-Wing Flight Experience**

Total Logged hours as a pilot:		Total Log Hours in Helicopter	
Total Logged hours in multi-engine:		Total Log Hours in Piston Helicopter	
Total Logged Hours is Turboprop:		Total Log hours in Turbine Helicopter	
Total Logged Hours in Retractable Gear:		Total Log Hours in Gyroplanes	
Total Logged Hours in Tail Wheel:		Total Logged Hours in the Last 90 days:	
Total Logged Hours in the Last 12 Month:	Make and Model		Make and Model
Total Logged Hours in Make and Model:		Total Log Hours Make and Model	

**Initial Or Recurrent Flight Proficiency Training**

Type Rated in the following aircraft: \_\_\_\_\_

Please list any type-specific or any ground flight training programs attended within the last 24 months: \_\_\_\_\_ Type of Training

Name of School   Program	Date Attended:	<input type="checkbox"/> Initial	<input type="checkbox"/> Recurrent
Name of School   Program	Date Attended:	<input type="checkbox"/> Initial	<input type="checkbox"/> Recurrent

FAA "WINGS" Safety Program Date: \_\_\_\_\_ Level: \_\_\_\_\_

Questions	Yes	NO	EXPLANATION IF NEEDED
Background information Please explain any "YES"	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been involved in an aircraft accident or Incident?	<input type="checkbox"/>	<input type="checkbox"/>	
Has any insurance company canceled or refused to renew any aviation insurance for you?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any convictions, suspensions, or revocations relating to a driver's license or airman's certificate for	<input type="checkbox"/>	<input type="checkbox"/>	
FAR violations, use or possessions of controlled substances, or driving while intoxicated?	<input type="checkbox"/>	<input type="checkbox"/>	

Pilot Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

This pilot history will be filed in connection with the insurance application



The following specific warnings are applicable in the states specified below:

**State of Arkansas**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an insurance application is guilty of a crime and may be subject to fines and confinement in prison notice to Arkansas applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**State of Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company penalties may include imprisonment, fines, denial of insurance and civil damages, any insurance company or agent of an insurance company who knowingly provided false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**State of Florida**

Any person who knowingly and intent to insure defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**State of Kentucky**

Any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance containing any materially false information or conceals to misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**State of Louisiana**

Warning any person who knowingly presents a false claim or payment of a loss or benefit or knowingly presents false information in an insurance application is guilty of a crime. It may be subject to fines and confinement in prison.

**State of Maine**

It's a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**State of Minnesota**

A person who submits an application for files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

**State of New Jersey**

Any person who includes false or misleading information on an application for an application for an insurance policy is subject to criminal or civil penalties.

**State of New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an insurance application is guilty of a crime and may be subject to civil fines and criminal penalties.

**State of New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**State of Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application for files a claim containing a false or deceptive statement is guilty of insurance fraud.

**State of Oklahoma**

Warning any person who knowingly and intends to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**State of Oregon**

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**State of Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

**State of Tennessee**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company penalties include imprisonment, fines, and denial o insurance benefits.

**State of Virginia**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company penalties, including imprisonment, fines, and denial of insurance benefits.

148 Biddle Drive  
Jasper, Alabama 35503



1-800-747-0825

148 Biddle Drive  
Jasper, Alabama 35503



1-800-747-0825