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PILOT RECORD

NAME:			DATE OF BIRTH:
ADDRESS:			E-MAIL:
PHONES:	BUS:	CELL:	FAX:
SEX:	OCCUPATION:	EMPLOYER:	

FAA CERTIFICATES		RATINGS	
<input type="checkbox"/> STUDENT	<input type="checkbox"/> PRIVATE (FIXED-WING)	<input type="checkbox"/> ASEL	<input type="checkbox"/> ASES
<input type="checkbox"/> COMMERCIAL (FIXED-WING)	<input type="checkbox"/> PRIVATE (ROTOR)	<input type="checkbox"/> AMEL	<input type="checkbox"/> AMES
<input type="checkbox"/> ATP (FIXED-WING)	<input type="checkbox"/> COMMERCIAL (ROTOR)	<input type="checkbox"/> IFR (FIXED WING)	<input type="checkbox"/> IFR (ROTOR)
<input type="checkbox"/> CFI (FIXED-WING)	<input type="checkbox"/> ATP (ROTOR)	<input type="checkbox"/> CFII	<input type="checkbox"/> MEI
<input type="checkbox"/> TYPE RATINGS:	<input type="checkbox"/> CFI (ROTOR)	<input type="checkbox"/> OTHER:	

DATE OF LAST FAA MEDICAL:	CLASS:	WAIVERS:
DATE OF LAST FLIGHT REVIEW:	DATE OF LAST IPC:	

SPECIALIZED TRAINING				
TRAINING DATES	NAME OF SCHOOL	AIRCRAFT TYPE	INITIAL / RECURRENT	PIC / SIC

FAA "WINGS" PILOT PROFICIENCY PROGRAM:	PHASE:	COMPLETION DATE:
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PILOT EXPERIENCE						
AIRCRAFT DESCRIPTION	TOTAL	PILOT IN COMMAND	CO-PILOT		LAST 12 MONTHS	LAST 90 DAYS
ALL AIRCRAFT						
ALL RETRACTABLE GEAR						
ALL MULTI-ENGINE						
ALL TURBOPROP						
ALL JET						
AIRCRAFT MAKE & MODEL:						
N5060L 1979 7GCAA CITABRIA						
N516SP 2000 CESSNA 172 SP						
N9346D 1983 CESSNA 172 RG II						
N53540 1981 CESSNA 172 P						

IN THE LAST FIVE YEARS, AS PILOT IN COMMAND OR AS CO-PILOT, HAVE YOU:		(IF YES—EXPLAIN FULLY)	
1. BEEN INVOLVED IN ANY AVIATION ACCIDENTS, INCIDENTS OR INSURANCE CLAIMS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
2. HAD ANY VIOLATIONS OF FEDERAL AIR REGULATIONS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
3. HAD YOUR AUTOMOBILE DRIVER'S LICENSE SUSPENDED OR REVOKED?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
4. BEEN CONVICTED OF OPERATING A MOTOR VEHICLE UNDER THE INFLUENCE OF ALCOHOL OR HAD ANY DRUG-RELATED CONVICTIONS IN THE PAST FIVE YEARS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	

PLEASE EXPLAIN ALL "YES" ANSWERS. USE THE BACK AS REQUIRED:

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: _____	SIGNATURE: _____ (Pilot's Personal Signature Required)
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THIS PILOT RECORD IS FILED IN CONNECTION WITH THE INSURANCE APPLICATION OF:
ORLANDO AERO CLUB