



## LAW ENFORCEMENT DIVISION

Your Name \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

### AIRMAN CERTIFICATE NUMBER

### MEDICAL:

Number: \_\_\_\_\_ Class: \_\_\_\_\_

Limitations: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limitations: \_\_\_\_\_

### CURRENT CERTIFICATES AND RATINGS

- Student: Since \_\_\_\_\_ DATE
- Private
- Commercial
- Airline (ATP)
- Rotorcraft
- Instrument
- Single Engine-Land
- Single Engine -Sea
- Center Line Thrust
- Multi-Engine, Land
- Multi Engine, Sea
- Instructor \_\_\_\_\_ CLASS
- Type rated in \_\_\_\_\_ TYPE OF AIRCRAFT
- Glider
- Light Sport Aircraft
- A&P Mechanic
- Other \_\_\_\_\_

Date of last logged satisfactorily accomplished Biennial Flight Review \_\_\_\_\_ Make and model \_\_\_\_\_

Date of last logged satisfactorily accomplished Pilot Proficiency Exam \_\_\_\_\_ Make and model \_\_\_\_\_

Date of last logged satisfactorily accomplished Instrument Proficiency Check \_\_\_\_\_ Make and model \_\_\_\_\_

### FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School	Type of Aircraft	Date	Graduated
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Yes  No

- INITIAL TYPE TRAINING
- RECURRENCE TRAINING
- FULL AXIS MOTION FLIGHT SIMULATOR TRAINING
- GROUND SCHOOL ONLY
- AERIAL APPLICATOR SCHOOL

LEVEL OF SIMULATOR TRAINING COMPLETED \_\_\_\_\_

Yes  No

- INITIAL TYPE TRAINING
- RECURRENCE TRAINING
- FULL AXIS MOTION FLIGHT SIMULATOR TRAINING
- GROUND SCHOOL ONLY
- AERIAL APPLICATOR SCHOOL

LEVEL OF SIMULATOR TRAINING COMPLETED \_\_\_\_\_

Total Logged Pilot-In-Command hours for all aircraft \_\_\_\_\_

Total Logged hours in all aircraft \_\_\_\_\_

**ITEMIZED PILOT-IN-COMMAND HOURS**

CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
SINGLE-ENGINE FIXED GEAR						
SINGLE-ENGINE RETRACTABLE						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER-RECIP -TURBINE -SLING LOAD						
NIGHT VISION DEVICES						

**ANSWER ALL QUESTIONS**

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

1. Have you ever had an aircraft claim, incident or accident?  Yes  No
2. Have you ever been cited or fined for violation of an aviation regulation?  Yes  No
3. Has your pilot certificate ever been suspended or revoked?  Yes  No
4. Are you regularly using any medication?  Yes  No

Explain fully each "Yes" answer \_\_\_\_\_

USE EXTRA PAGE TO FULLY EXPLAIN

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF MY OFFICIAL APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

X \_\_\_\_\_  
PILOT SIGNATURE

\_\_\_\_\_  
TODAY'S DATE