



Pro-Pilot / Instructor 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 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"/>																										
CERTIFICATES AND RATINGS 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: _____ _____			PILOT EXPERIENCE		COPILOT																										
			CATEGORIES:		TOTAL	Last 12 Mos.		DUAL REC.	DUAL GIVEN																						
			<input type="checkbox"/> Single-Engine Piston																												
			<input type="checkbox"/> Multi-Engine Piston																												
			Multi-Engine Turbo Prop																												
			Multi-Engine Jet																												
			Single-Engine Jet																												
			Turbine Helicopters																												
			Piston Helicopters																												
			Other																												
TRAINING Full Motion Simulator Training <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> "Other" Training <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	_____	_____	_____	_____	_____	_____	_____	_____	_____	TOTALS:				
			School	Aircraft	Mo/Yr																										
			_____	_____	_____																										
			_____	_____	_____																										
			_____	_____	_____																										
			School	Aircraft	Mo/Yr																										
			_____	_____	_____																										
			_____	_____	_____																										
			_____	_____	_____																										
			Specific Aircraft																												
Cirrus SR 20																															
Cirrus SR 22																															
Biennial Flight Review:			Date:	Aircraft:																											

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.
