

Aviation Insurance Resources LTA Pilot History Form *Pilots Protecting Pilots*

P.O. Box 32 Frederick, MD. 21705
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Pilot Info Accurate As Of Date: _____

Personal Information

Name _____
Address _____

Drivers License# _____ **Drivers License State** _____
Birth date _____
 BFA Mbr. No. _____
 Occupation _____
 Employer _____ No. Yrs. _____
 Phone **Cell** _____ **Email** _____
Other _____ Fax _____

FAA Information

Medical Certificate
 Date Issued _____ Class 1st 2nd 3rd
 Waivers (if none, enter none) _____

Pilot Cert #	Overall Experience	Hours Logged
Pilot Cert. Held	Yr. Obtained	<input type="checkbox"/> AX
<input type="checkbox"/> Student	_____	<input type="checkbox"/> AX
<input type="checkbox"/> Private	_____	<input type="checkbox"/> AX
<input type="checkbox"/> Commercial	_____	<input type="checkbox"/> AX
<input type="checkbox"/> Gas	_____	<input type="checkbox"/> AX
<input type="checkbox"/> Repairman	_____	<input type="checkbox"/> AX
<input type="checkbox"/> Other () _____	_____	<input type="checkbox"/> Total Time Logged All Aircraft

Date Of Last Flight Review: _____
Hours in the last 12 months _____
Hours estimated in the next 12 _____

Pilot History Questions

Please explain fully any "yes" answers to the following questions below.

- As a pilot, have you ever had or been involved in any aircraft incidents or accidents?
- As a pilot, have you ever been found guilty of any Federal Air Regulations violations?
- Has your automobile driver's license ever been suspended or revoked?
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs (DUI)?
- Have you had any automobile accidents within the last five years?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |

I affirm that the answers given are true and complete to the best of my knowledge and that no material information has been withheld.

Signed _____ Date _____
(Pilot's Personal Signature Required)

This pilot record is filed in connection with the insurance application of _____