HALTON HALL & ASSOCIATES

Pilot Record Form

1. GENERAL INFORMATION

Pilot Name:		FAA Airmen No:	
DOB:		Address:	
Occupation:		City, ST Zip:	
Employer:		Phone:	
Reference (Tail #/Owner):		E-Mail:	

2. PILOT CERTIFICATION, RATINGS, & EXPERIENCE (LOGGED HOURS)

☐ Student Pilot	☐ Instrument	☐ CFI	☐ Pro-Pilot Full Time
☐ LSA Pilot	☐ Multi-Engine Land	☐ CFII	☐ Pro Card
☐ Private Pilot	☐ Helicopter	☐ MEI	☐ No Accidents
☐ Commercial Pilot	☐ Single-Engine Sea	☐ DPE	☐ No Waivers
☐ Airline Transport Pilot	☐ Multi-Engine Sea	☐ A&P	☐ No Violations

Total Fixed Wing:		PIC Turboprop:		Piston RW:		Medical Class:	
Total Retract:		SIC Turboprop:		Turbine RW:		Medical Exp.:	
Total Multi:		PIC Turbo Jet:		Last 12-Months:		Date Last BFR:	
Total Tail Wheel:		SIC Turbo Jet:		Last 90-Days:		Date Last IPC:	

Additional Type Ratings: _____

3. INSURED MAKE/MODEL EXPERIENCE & TRAINING HISTORY (*Include the Make/Model to be insured or similar types*)

Make/Model:		Time:		Recurrent Date/Name:	
Make/Model:		Time:		Recurrent Date/Name:	
Make/Model:		Time:		Recurrent Date/Name:	

4. QUESTIONS (check "YES" or "NO")

a. Are you flying under a waiver?.. ☐ Yes ☐ No

b. Have you ever been penalized for an FAR violation?... ☐ Yes ☐ No

c. Have you ever had an aircraft accident, incident, and/or violation? .... ☐ Yes ☐ No

d. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf? .... ☐ Yes ☐ No

e. In the last 5 years, have you been convicted of or are you under indictment in a legal action involving drugs or narcotics? ...... ☐ Yes ☐ No

f. In the last 5 years, have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics? .... ☐ Yes ☐ No

g. In the last 5 years, has your driver's license been suspended or revoked? .... ☐ Yes ☐ No

Explain all YES answers (attach separate sheet, if necessary): _____

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge.

Pilot's Signature: _____ **Date:** _____