

Europe-American Aviation

Flight Training – Aircraft Rentd – Pilot Services
200 Aviation Drive North, Suite #6 - Naples, Florida 34104

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www.eaa-fly.com

PILOT RECORD

NAME:					DATE OF BIRTH:		
ADDRESS:							
Contact:	Email:		Phone:		Fax:		Cell:
SEX:	OCCUPATION:			EMPLOYER:			
MARITAL STATUS:		NO. OF DEPENDENTS:		CERTIFICATE #:			
FAA CERTIFICATE HELD:		YEAR OBTAINED		RATINGS NOW HELD:		YEAR OBTAINED	
<input type="checkbox"/> STUDENT				<input type="checkbox"/> ASEL			
<input type="checkbox"/> PRIVATE				<input type="checkbox"/> AMEL			
<input type="checkbox"/> COMMERCIAL				<input type="checkbox"/> INSTRUMENT			
<input type="checkbox"/> ATP				<input type="checkbox"/> ROTORCRAFT			
<input type="checkbox"/> FLIGHT INSTRUCTOR				<input type="checkbox"/> OTHER			
YEAR FIRST SOLO FLIGHT:		TYPE RATED IN FOLLOWING AIRCRAFT:					
DATE OF LAST FAA MEDICAL:			CLASS:		WAIVERS:		
DATE OF LAST FLIGHT REVIEW:			DRIVER'S LICENSE #			STATE	
SPECIALIZED TRAINING (BE SURE TO INCLUDE TRAINING FOR AIRCRAFT TO BE FLOWN.)							
TRAINING DATES	NAME OF SCHOOL		AIRCRAFT TYPE		INITIAL RECURRENT	OR	PIC OR SIC
INSTRUMENT PROFICIENCY: DATE MOST RECENT INSTRUMENT PROFICIENCY CHECK:							
FAA PILOT PROGRAM:	PROFICIENCY	PHASE COMPLETED:		IN WHAT A/C?		DATE:	
PILOT EXPERIENCE							
AIRCRAFT DESCRIPTION		TOTAL	AS PILOT IN COMMAND	AS CO-PILOT	AS CFI	CHARTER	LAST 90 DAYS
ALL AIRCRAFT							
ALL RETRACTABLE GEAR							
ALL MULTI-ENGINE							
Diamond DA 20 models							
Diamond DA-40 models							
Diamond DA-42 models (TwinStar)							
Hours G1000 or Avidyne Glass panel							
Other aircraft							
Experience with the following (mark Y/N)		KLN 94	KAP 140	Garmin 430	Garmin 530	Garmin 1000	
AS PILOT IN COMMAND OR AS CO-PILOT, HAVE YOU: (IF YES – EXPLAIN FULLY)							
1. HAD, OR BEEN INVOLVED IN, ANY AIRCRAFT ACCIDENTS?					<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. HAS YOUR AUTOMOBILE DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?					<input type="checkbox"/> NO	<input type="checkbox"/> YES	
4. HAVE YOU BEEN CONVICTED OF OPERATING A MOTOR VEHICLE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS IN THE PAST FIVE YEARS?					<input type="checkbox"/> NO	<input type="checkbox"/> YES	
PLEASE EXPLAIN ALL "YES" ANSWERS ON SEPARATE SHEET BELOW							
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:							
THIS PILOT RECORD IS FILED IN CONNECTION WITH THE APPLICATION OF:							
OFFICE:	DATE:	TIME:	PILOT:	TYPE:			