

AVIATION INSURANCE SERVICES OF ILLINOIS, INC.

500 Coventry Lane
Suite 140
Crystal Lake, IL 60014

Phone: (815)479-1011
Fax: (815)479-1711

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 <input type="checkbox"/> Private: <input type="checkbox"/> Single Engine Sea: <input type="checkbox"/> Commercial: <input type="checkbox"/> Multi-Engine Land: <input type="checkbox"/> Airline (ATP): <input type="checkbox"/> Multi-Engine Sea: <input type="checkbox"/> Instructor: <input type="checkbox"/> Center Line Thrust: <input type="checkbox"/> Instrument Rating: <input type="checkbox"/> Mechanic-Aircraft: <input type="checkbox"/> Helicopter: <input type="checkbox"/> Mechanic-Powerplant: <input type="checkbox"/> Glider: <input type="checkbox"/> Other (Specify): _____ Type Ratings: _____ _____ _____		PILOT EXPERIENCE CATEGORIES:		PILOT IN COMMAND		COPILOT	DUAL REC.	DUAL GIVEN
			TOTAL	Last12 Mos.				
			Single-Engine Piston					
			Multi-Engine Piston					
			Multi-Engine Turbo Prop					
			Multi-Engine Jet					
			Single-Engine Jet					
			Turbine Helicopters					
			Piston Helicopters					
			Other					
TRAINING		TOTALS:						
Full Motion Simulator Training		Specific Aircraft						
School	Aircraft	Mo/Yr	PA-28					
_____	_____	_____	DA-40					
_____	_____	_____						
_____	_____	_____						
"Other" Training								
School	Aircraft	Mo/Yr						
_____	_____	_____						
_____	_____	_____						
_____	_____	_____						
		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? Yes No
- Has your pilot or medical certificate ever been suspended or revoked? Yes No
- Have you been cited for violating any federal air regulations? Yes No
- Do you have any limitations or waivers on your medical certificate? Yes No

(Explain yes answers on reverse)

I certify that the above statements are true.
