

AVIATION QUESTIONNAIRE

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30 ___UL

1. Hours flown as PILOT or COPILOT

<u>Commercial</u>	Next 12 months	Past 12 months	12-24 Months Ago	<u>Non-commercial</u>	Next 12 months	Past 12 Months	12-24 Months Ago
Scheduled Passenger Airlines				Pleasure			
Employer Owned Aircraft				Personal Business Transportation			
Nonscheduled or Charter				Instruction as a Student			
Crop Dusting or Ariel Spraying				Military (Please give details in Remarks)			
Student Instruction				Other (Specify)			
Exhibition or Stunt Flying							
Other (Specify)							

2. Licensing, Rating and FAA Medical Information:

- a. Certificate License: ___Student ___Private ___Commercial ___ART
- b. Do you have an Instrument Flight Rating? ___Yes ___No
- c. What other Ratings do you have? _____
- d. Class of FAA Medical Certificate Held? _____
- e. Date of Last FAA Medical Exam: _____

3. Civilian Flying

- a. Do you use other than public airports? ___Yes ___No
- b. Have you flown or do you intend to fly outside the US? ___Yes ___No
- c. Have you flown a prototype, experimental, personally built aircraft, rotorcraft, balloon or glider? ___Yes ___No If Yes, please explain: _____

4. Additional Remarks: _____