

Jet Management Pilot Information Form



GENERAL INFORMATION

Your Name _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Date of Birth _____ Education (Advise Diplomas and Degrees if any) _____

Occupation _____ Show percent of work time spent on non-flying duties _____ %

Employed by _____ Since _____ Full time Part Time

Address _____
STREET CITY STATE-PROVINCE ZIP/POSTAL CODE

Cell Phone () _____ Home Phone () _____

AIRMAN CERTIFICATE NUMBER

Number: _____
 Limitations: _____

MEDICAL

Class: _____
 Expiration Date: _____
 Limitations: _____

CURRENT CERTIFICATES AND RATINGS

<input type="checkbox"/> Student (Check if yes)	<input type="checkbox"/> Instrument	<input type="checkbox"/> Instructor _____ <small>CLASS</small>
	<input type="checkbox"/> Single Engine-Land	<input type="checkbox"/> Type rated in: _____ <small>TYPE OF AIRCRAFT</small>
<input type="checkbox"/> Private	<input type="checkbox"/> Single Engine - Sea	<input type="checkbox"/> Glider
<input type="checkbox"/> Commercial	<input type="checkbox"/> Center Line Thrust	<input type="checkbox"/> Light Sport Aircraft
<input type="checkbox"/> Airline (ATP)	<input type="checkbox"/> Multi-Engine, Land	<input type="checkbox"/> A&P Mechanic
<input type="checkbox"/> Rotorcraft	<input type="checkbox"/> Multi Engine, Sea	<input type="checkbox"/> Other _____

TYPE OF AIRCRAFT

Date of last logged satisfactorily accomplished Biennial Flight Review	<input type="text"/>	Make and Model	<input type="text"/>
Date of last logged satisfactorily accomplished Pilot Proficiency Exam	<input type="text"/>	Make and Model	<input type="text"/>
Date of last logged satisfactorily accomplished Instrument Proficiency Check	<input type="text"/>	Make and Model	<input type="text"/>

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School	<input type="text"/>	Type of Aircraft	<input type="text"/>	Date	<input type="text"/>	Graduated	<input type="text"/>	is or	<input type="text"/>
<input type="checkbox"/> INITIAL TYPE TRAINING	<input type="checkbox"/> RECURRENCE TRAINING	<input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING							
<input type="checkbox"/> GROUND SCHOOL ONLY	<input type="checkbox"/> LEVEL OF SIMULATOR TRAINING COMPLETED								
Name & Location of School	<input type="text"/>	Type of Aircraft	<input type="text"/>	Date	<input type="text"/>	Graduated	<input type="text"/>	is or	<input type="text"/>
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<input type="checkbox"/> GROUND SCHOOL ONLY	<input type="checkbox"/> LEVEL OF SIMULATOR TRAINING COMPLETED								

Total Logged Pilot-In-Command hours for all aircraft _____
 Total Logged hours in all aircraft _____

ITEMIZED PILOT-IN-COMMAND HOURS						CO-PILOT HOURS
CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	
INSURED MAKE AND MODEL						
SINGLE-ENGINE FIXED GEAR						
SINGLE-ENGINE RETRACTABLE						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER-RECIP >TURBINE >SLING LOAD						
NIGHT VISION DEVICES						
NUMBER OF WATER LANDINGS & TAKEOFFS						

-ANSWER ALL QUESTIONS -

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever had an aircraft claim, incident or accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been cited or fined for violation of an aviation regulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your pilot certificate ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been convicted of a felony or are you under indictment for a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has your drivers license ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever had or been treated for a chemical dependency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you regularly using any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain fully each "Yes" answer: _____

USE EXTRA PAGE TO EXPLAIN FURTHER

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

X _____
 PILOTS SIGNATURE

 TODAY'S DATE

Pilot Printed Name

Address

City

State

Zip

Phone

Alternate Phone

Email Address _____

