

Aviation Insurance Services

PILOT QUESTIONNAIRE

Name: _____ Date of Birth: _____

Base address 12653 Osborne St., Pacoima, Ca 91331

Name of Insured: Angel City Air, Inc

Name of Employer: _____

PILOT CERTIFICATE AND RATINGS CURRENTLY HELD

PRIVATE COMMERCIAL AIRLINE TRANSPORT PILOT FLIGHT INSTRUCTOR

OTHER (Specify) Rotorcraft TYPE RATING (Specify Rating)

INSTRUMENT RATING, OBTAINED BY; FAA FLIGHT CHECK MILITARY INSTRUMENT CARD

FAA Certificate No.: _____ Date first certificated as pilot: _____

Class of Medical Certificate held: _____ Date of last FAA Physical Exam: _____

Waivers, limitations or conditions specified on Medical Certificate, if any: _____

Date of last FAR Flight Review: _____ Type of aircraft used: _____

Have you attended Factory School or other formal training during the past 12 months? _____

If so, where and in what aircraft: _____

FLYING EXPERIENCE IN LOGGED HOURS

MAKE & MODEL OF AIRCRAFT	TOTAL HOURS	TOTAL LAST 12 MONTHS	TOTAL LAST 90 DAYS	TOTAL INSTRUMENT	TOTAL NIGHT
Total Rotorwing					
Total Turbine Rotorwing					
AS350BA					
ENG Operations					

Please explain fully any "Yes" answers to the following questions on reverse side:

As pilot-in-command or as co-pilot have you had or been involved in any aircraft accidents/incidents? _____

As pilot-in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations? _____

Has your automobile driver's license ever been suspended or revoked? _____

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? _____

Have you had any automobile accidents within the last five years? _____

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Signature of Pilot _____ Date _____