



Flight Experience Attachment

Name: _____

FAA CERTIFICATES

Type & No. _____ Rating _____ Date Issued _____

Type & No. _____ Rating _____ Date Issued _____

Type & No. _____ Rating _____ Date Issued _____

Type-Rating in following Aircraft: _____

Medical: _____
Class Date Limitations/Waivers

Do you have any physical limitations? If so, please explain: _____

Date of Last Flight Review or Equivalent: _____

YOUR FLIGHT TRAINING

Flight School Attended or Instructor: _____

Describe Flight School: (i.e. School, Location, Part 61/141, Instructor, Equipment, etc.) _____

Failed evaluations, stage checks, check rides: _____

FLIGHT EXPERIENCE

	Flight	Pilot-in-Command	
	Total	Total	Last 12 Months
Cessna 172			
Single Engine			
Multi-Engine			
Flight Instructor: Airplane			
Flight Instructor: Instrument			
Flight Instructor: Multi-Engine			

FLIGHT INSTRUCTOR EXPERIENCE

Number of Students Recommended for Flight Tests (Indicate Type or Rating)

First-time pass-rate for all knowledge tests: _____

First-time pass-rate for all practical exams: _____

14 CFR PART 141 PILOT SCHOOL EXPERIENCE:

Total months of service: Full time: _____ Part time: _____

Months of service as Check Pilot: Full time: _____ Part time: _____

Supervisory position held: No ___ Yes ___

Title: _____

As Pilot-in-Command or as Co-Pilot, have you:

If yes, please explain fully below

- 1. Had, or been involved in, any aircraft accidents/incidents? No Yes
- 2. Had any violations of Federal Regulations? No Yes
- 3. Has your automobile driver's license ever been suspended or revoked? No Yes
- 4. Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? No Yes

Please explain any questions in with "Yes" answers: _____

(Attach more sheets if necessary)

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

Date _____

Signature _____