



Flight Crews Unlimited
 2903 Tahoe Lane, Spring Grove, Illinois 60081
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Pilot Record Checklist

Name _____ Occupation _____
 Address _____ Birthdate _____
 _____ Social Security No. _____
 _____ Certificate No. _____
 _____ Marital Status _____
 _____ Number of Dependents _____

FAA MEDICAL CERTIFICATE

Date Issued _____ Class _____
 Waivers (If none, write none) _____

TRAINING AND RECURRENT TRAINING

Year of first solo flight _____ Type rated in following aircraft _____

Describe Flight Training (School, location, equipment, instructor, etc.) _____

Date of last Biennial Flight Review equivalent _____ Date of last instrument competency check _____

Recurrent/Transition Courses: Describe and give dates of last courses attended:

School or instructor _____

Do you hold a current F.S.I. Pro Card or Simuflite Card? Yes _____ Date _____ No _____

PILOT-IN-COMMAND/SECOND-IN-COMMAND EXPERIENCE

AIRCRAFT MAKE/MODEL	HOURS	LAST 12 MONTHS	LAST 90 DAYS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please explain fully any "Yes" answers to the following questions on separate sheet of paper.
 As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? No _____ Yes _____
 As pilot-in-command or as co-pilot have you been found guilty of any FAR violations? No _____ Yes _____
 Has your automobile drivers license ever been suspended or revoked? No _____ Yes _____
 Have you ever been charged for operating an automobile under the influence of drugs or alcohol? No _____ Yes _____

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.

Date _____ Signature _____
 (Pilot's Personal Signature Required)