



PO Box 291388  
Kerrville, TX 78029

**PILOT HISTORY FORM**

Pilot's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last, First, Middle

Address \_\_\_\_\_

City, State, Zip Code, Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_

Airman Certificate No. \_\_\_\_\_ Date & Class of Last Physical \_\_\_\_\_

Date of Biennial Flight Review \_\_\_\_\_ Date of Instrument Proficiency Check \_\_\_\_\_

Pilot Ratings - Student \_\_\_; Private \_\_\_; Commercial \_\_\_; Instructor \_\_\_; ATP \_\_\_; Instrument \_\_\_

Aircraft Ratings - S.E.L. \_\_\_; M.E.L. \_\_\_; S.E.S. \_\_\_; M.E.S. \_\_\_; Helicopter \_\_\_; Other \_\_\_\_\_

Total Logged Civilian Pilot Hours (Pilot in Command) \_\_\_\_\_; Co-Pilot \_\_\_\_\_

Total Logged Military Pilot Hours (Pilot in Command) \_\_\_\_\_; Co-Pilot \_\_\_\_\_

**Enter breakdown of LOGGED PILOT IN COMMAND hours below (Military & Civilian Combined)**

	HOURS		HOURS
Single Engine Fixed Gear	_____	Tail Wheel	_____
Single Engine Retractable Gear	_____	Cross Country	_____
Turbo Prop	_____	Last 90 days	_____
Turbo Jet	_____	Night Flying	_____
Helicopter - Reciprocating Powered	_____	Instrument Flying	_____
Helicopter - Turbine Powered	_____	a) actual	_____
Multi Engine	_____	b) simulated	_____

**Applicant Requests Approval in the Following Makes and Models of Aircraft**

Make and Model of Aircraft	Total Logged Pilot in Command Hours in this aircraft	Is Annual Recurrent Training Received in this Aircraft? When? Where?
_____	_____	_____

Are you flying under a waiver? \_\_\_\_\_ Describe in Detail \_\_\_\_\_

Ever penalized for violation of F.A.R.? \_\_\_\_\_ Describe in Detail \_\_\_\_\_

Have you ever had an Accident, Incident or Violation? \_\_\_\_\_ Describe in Detail \_\_\_\_\_

Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf? \_\_\_\_\_  
Describe in Detail \_\_\_\_\_

**\*Absence of entry means negative answer.**

I affirm the truth of the above statements and further affirm that no material information has been withheld or suppressed.

Pilot's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Check this box if you would like to receive your quotes via email.