

LAKES REGION FLYING CLUB
Pilot History Form

Name _____
Address _____

Age _____
Occupation _____

FAA MEDICAL CERTIFICATE

Date Issued ___/___/___ Class _____
Waivers (if none write none) _____

FAA PILOT CERTIFICATES

HELD AND YEAR OBTAINED

Student..... _____
Private..... _____
Commercial..... _____
ATP..... _____
Flight Instructor... _____
Certificate No. _____

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED

ASEL..... _____
AMEL..... _____
INSTRUMENT _____

TRAINING AND REFRESHER TRAINING

Date of most recent biennial flight review _____

Conducted by _____

Estimated Flight Hours next 12 months _____

Have you completed recurrent training in the past 12 months?

Do you intend to complete recurrent training in the next 12 months?

HOURS LOGGED AS PILOT IN COMMAND

Total _____

In PA-28 _____

Instrument _____

Night _____

Last 90 Days _____

Last 12 months _____

Explain in detail all "Yes" answers to the following questions.

1. Do you have any physical impairments? _____
2. Do you have any waivers, limitations, or conditions on your medical or pilot certificates? _____
3. Have any pilot certificates ever been suspended or revoked? _____
4. Have you ever been cited for violation of any aviation regulation in any country? _____
5. Have you ever been involved in an aircraft accident? _____
6. Have you ever been convicted of driving while intoxicated? _____

Pilot's Signature

Date