

Pilot Data Sheet

Name:		Date of Birth:
Address:		Employer:
City:		Occupation:
State:	Zip:	Mobile Phone:
Home Phone:		Fax:
Work Phone:		E-Mail:

Pilot Qualifications

Airman Certificate Number:	
Limitations:	
Medical:	Class:
Expiration Date:	
Limitations:	

Current Certificates and Ratings

<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Airline (ATP) <input type="checkbox"/> Instructor <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI	<input type="checkbox"/> Instrument: Class <input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> Multi Engine Land	<input type="checkbox"/> Multi-engine Sea <input type="checkbox"/> Type of Aircraft Rated In: _____ <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Glider <input type="checkbox"/> A&P Mechanic <input type="checkbox"/> Other
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Date of last Dual Instruction: _____ Date of last flight: _____

Date of last logged satisfactorily accomplished Biennial Flight Review (BFR): _____
 Make and Model: _____

Date of last logged satisfactorily accomplished Instrument Proficiency Check (IPC): _____
 Make and Model: _____

Flight and Ground School Training Courses

Name and Location of School: _____

Initial Type Training Recurrency Training Full-Axis motion Flight Simulator Training Ground School Only Aerial Applicator School

Type of Aircraft: _____

Date: _____

Graduated: Yes No

Name and Location of School: _____

Initial Type Training Recurrency Training Full-Axis motion Flight Simulator Training Ground School Only Aerial Applicator School

Type of Aircraft: _____

Date: _____

Graduated: Yes No

Do you participate in FAA Pilot Proficiency Award Proficiency Programs (Wings)? Yes No
 If "yes", what phase have you completed? I II III IV V VI VII VIII IX X XI XII XIII XIV XV



Logged Pilot Hours

Total Pilot-In-Command hours for all aircraft: _____ Total Cross Country: _____
 Total Instrument: _____ Total Night: _____

Class	Make & Model	Total	Last 12 Months
Single-Engine Fixed Gear			
Single-Engine Retractable			
Multi-Engine Piston			
Turbo-Prop			
Jet			

- 1) Have you ever had an aircraft claim, incident or accident? Yes No
- 2) Have you ever been cited or fined for violation of an aviation regulation? Yes No
- 3) Has your pilot certificate ever been suspended or revoked? Yes No
- 4) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or drugs? Yes No
- 5) Has your driver's license ever been suspended or revoked? Yes No
- 6) Have you ever been treated for chemical dependency? Yes No

Explain fully each "yes" answer: _____

I, the undersigned, have read and understand the rules of Travel Express Aviation, LLC and do hereby agree to abide with the rules.

I understand the limitations of the insurance carried by the club and my responsibilities toward safe operation of the club aircraft.

Signature of applicant: _____ Date: _____

DPST _____ MBFE _____ RLS _____ CERT _____ MED _____ LOG _____ DRL _____ TEL _____