

Aerial Applicator Pilot Record Form

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip _____
 Birth Date: _____ Marital Status: _____ Number of Dependents: _____
 Occupation: _____ Pilot Certificate Number: _____
 Employer: _____

FAA Pilot Certificates and FAA Pilot Ratings Now Held and Year Obtained

Certificate	Date	Rating	Date	Other Certificates or Ratings
<input type="checkbox"/> Private	/ /	<input type="checkbox"/> ASEL	/ /	
<input type="checkbox"/> Commercial	/ /	<input type="checkbox"/> AMEL	/ /	
<input type="checkbox"/> ATP	/ /	<input type="checkbox"/> Instrument	/ /	
		<input type="checkbox"/> Rotorcraft	/ /	

FAA Medical Certificate

Date Issued: _____ / _____ / _____ Class: _____

Any physical impairments or limitations or waivers on Medical Certificate? Yes No

Please explain if "Yes:" _____

Agriculture Aircraft Training and Other Training

Date of last Flight Review or equivalent: / /

Are you a current pilot/member of the NAAA? Yes No

Do you participate in PAASS Program? Yes No Last Date Completed:

_____/_____/_____

Are you a current pilot/member of your state Agricultural Aviation Association? Yes No

Are you a current pilot/member of any other state Agricultural Aviation Association? Yes No

States: _____

Describe Flight Training (Flight School, including Ag School, location, Equipment, GPS, Instruction, etc.):

Turbine Aircraft and/or Turbine Engine Training Courses (Describe and give details of course(s) attended.)

Pilot-In-Command Aircraft Experience:

Fixed Wing Total Time	Fixed Wing Last 12 Months	Rotor Wing Total Time	Rotor Wing Last 12 Months

Agriculture Flying Hours Experience:

Fixed Wing Total Time	Fixed Wing Last 12 Months	Rotor Wing Total Time	Rotor Wing Last 12 Months

Pilot-In-Command Agriculture Aircraft Experience

List All Agriculture Aircraft Make/Model	Insured on Policy	Aircraft Type (circle one)	Engine Type (circle one)	Make/Model Total	Make/Model Last 12 Months
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		
	<input type="checkbox"/>	Fixed wing / Rotor wing	Piston / Turbine		

Please explain fully any “Yes” answers below.

- As pilot-in-command for aerial application work, have you had your Pilot Certificate or AG Certificate suspended or revoked? Yes No
- As pilot-in-command or as co-pilot, have you had or been involved in any aircraft incidents or accidents? Yes No
- As pilot-in-command or as co-pilot, have you been found guilty of any Federal Aviation Regulations violations? Yes No
- Has your automobile driver’s license ever been suspended or revoked? Yes No
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? Yes No
- Have you had any automobile accidents within the last five years? Yes No

Use this space for explaining “Yes” answers to previous questions.

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: ____ / ____ / ____ Signed: _____

This pilot record is filed in connection with the Insurance Application of: _____