



AVIATION QUESTIONNAIRE (Non-military)

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_
State of residence: \_\_\_\_\_

Type(s) of current license (check all that apply):

Private [ ] Commercial [ ] Instructor [ ] Student [ ] Crop Duster [ ] Bush Pilot [ ]

Date of license issue: \_\_\_\_\_
Date of last license renewal: \_\_\_\_\_
Date of last flight as a pilot: \_\_\_\_\_

Total number of solo hours (to date):

Private \_\_\_\_\_ Commercial \_\_\_\_\_ Instructor \_\_\_\_\_ Crop Duster \_\_\_\_\_ Bush \_\_\_\_\_

Do you have an IFR (instrument flight rating): YES [ ] NO [ ]

Do you have an ATP (airline transport pilot) certification? YES [ ] NO [ ]

Total IFR/ATP pilot hours flown to date, if applicable: \_\_\_\_\_

Number of hours flown as a licensed pilot in the last 12 months:

Private \_\_\_\_\_ Commercial \_\_\_\_\_ Instructor \_\_\_\_\_ Crop Duster \_\_\_\_\_ Bush \_\_\_\_\_

Average number of expected flying hours as a licensed pilot in the next 12 months:

Private \_\_\_\_\_ Commercial \_\_\_\_\_ Instructor \_\_\_\_\_ Crop Duster \_\_\_\_\_ Bush \_\_\_\_\_

If currently a student pilot, total number of hours flown to date: \_\_\_\_\_

If currently a student pilot, date you expect to have your pilot's license: \_\_\_\_\_

Has your pilot license ever been suspended or revoked? YES [ ] NO [ ]

If yes, please provided dates and details: \_\_\_\_\_

Have you ever been involved in an aviation accident or been grounded? YES [ ] NO [ ]

If yes, please provide dates and details: \_\_\_\_\_

Type of primary aircraft flown: \_\_\_\_\_

Do you fly outside the US or Canada? YES [ ] NO [ ]

If yes, please provide details: \_\_\_\_\_

Have you ever participated in or intend to participate in flying an experimental, home built or antique aircraft? YES  NO

If yes, please provide dates and details: \_\_\_\_\_

Have you ever participated in or intend to participate in stunt flying, racing, glider flying, test flying or ultra-light flying? YES  NO

If yes, please provide dates and details: \_\_\_\_\_

If crop duster, is the aircraft you fly: (check one)

- Agriculture specific
- Conventional converted for agriculture application

Do you have any history of the following? (check all that apply):

- Diabetes
- Coronary Artery Disease
- Cardiac arrhythmia (Atrial Fib, Tachycardia, etc.)
- Stroke or TIA
- Sleep apnea
- Seizure Disorder
- Drug or alcohol abuse history or treatment
- DUI

\*If any disorder above is checked, please complete the corresponding questionnaire.

Do you currently use any type of nicotine/tobacco products? YES  NO

If yes, check all types of tobacco used?

Cigarettes  Cigars  Chew  Pipe  Patch/gum  Electronic

If no, have you ever used nicotine/tobacco in the past? YES  NO

Type used & date quit: \_\_\_\_\_

Any other major health impairments? \_\_\_\_\_

\_\_\_\_\_

Please list all medications & dosages: \_\_\_\_\_

\_\_\_\_\_

**\*If business-related/corporate flying as a paid pilot/crew member for other than a regularly scheduled major commercial airline, please complete the next page.**

BUSINESS-RELATED FLYING AS A PAID PILOT OR CREW MEMBER

Type	Hours past 12 months	Hours past 12-24 mos	Estimated hours next 12 months
Company-owned plane	_____	_____	_____
Charter	_____	_____	_____
Air taxi	_____	_____	_____
Forestry	_____	_____	_____
Fish & Game	_____	_____	_____
Traffic control	_____	_____	_____
News/weather	_____	_____	_____
Medical/air-lift (includes medical personnel)	_____	_____	_____
Inspection (pipe, power)	_____	_____	_____
Sight-seeing	_____	_____	_____
Photography	_____	_____	_____
Stunting/racing	_____	_____	_____
Experimental, testing	_____	_____	_____
Glider, sailplane, ultralight	_____	_____	_____
Skydiving, parachuting	_____	_____	_____
Military	_____	_____	_____
Other: _____	_____	_____	_____

Please provided details about the business, name of company, type of aircraft flown, locations of flights (be specific), purpose of flying, etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_