



NORTHEAST AVIATION & MARINE
Insurance Brokers

Northeast Aviation & Marine – Insurance Brokers

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Pilot Record Form

Name _____
Address _____
Birth Date _____ Social Security # _____ - -
Certificate # _____
Occupation _____
Employer _____

FAA PILOT CERTIFICATES NOW HELD AND YEAR OBTAINED	
Student	_____
Private	_____
Commercial	_____
ATP	_____
Flight Instructor	_____

Marital Status _____ No. of Dependents _____

FAA MEDICAL CERTIFICATE

Date Issued _____ Class _____
Waivers (If none, write none) _____

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED	
ASEL	_____
AMEL	_____
ASES	_____
AMES	_____
Instrument	_____
Rotorcraft	_____

TRAINING AND RECURRENT TRAINING

Year of first solo flight _____ Type rated in following aircraft _____

Describe Flight Training (School, location, equipment, instructor, etc.) _____

Date of last Biennial Flight Review or equivalent _____ Date of last instrument competency check _____

Do you participate in FAA Pilot Proficiency Awards Program? No Yes If "Yes," what phase have you completed? _____

For what type aircraft? _____ Date completed _____

Recurrent/Transition Courses: Describe and give details of courses attended _____

School or instructor _____

Do you hold a current FSI Pro Card or Simuflite Card? Yes No Date _____

PILOT-IN-COMMAND EXPERIENCE Total Flight Hours (all aircraft): _____

AIRCRAFT MAKE/MODEL	TOTAL HOURS	TOTAL LAST 12 MONTHS	TOTAL LAST 90 DAYS	TOTAL INSTRUMENT	TOTAL NIGHT

Please explain fully any "Yes" answers to the following questions on reverse side.

As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? No Yes

As pilot-in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations? No Yes

Has your automobile drivers license ever been suspended or revoked? No Yes

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? No Yes

Have you had any automobile accidents within the last five years? No Yes

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 _____