

PILOT INFORMATION

Data required on all pilots who will operate the aircraft. If more than one pilot, copy and attach separate sheet(s).

PILOT NO. 1

Name _____

Birth Date ____/____/____

Occupation _____

Year learned to fly _____

Date of last BFR ____/____/____ Last Medical ____/____/____

FAA Pilot Certificates held Student Private Commercial ATP CFI
 Other _____

Certificate No. _____ Insured Date ____/____/____

Ratings: ASEL AMEL ASES Instrument Rotorcraft
 Other _____

Pilot In Command Hours

All Aircraft			This Make & Model		Piston Rotorcraft	
Total	Last 12 Mos.	Last 90 days	Total	Last 90 Days	Total # hrs.	Last 90 Days

Turbine Rotorcraft		Fixed Wing S/E Retractable Gear		Fixed Wing S/E Fixed Gear		Fixed Wing Multi-Engine	
Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days

Hours flown on Stanford related business: Actual hours last 12 mo. _____ Est. hours next 12 mo. _____

Average number of passengers when flying on Stanford related business _____

Refresher/Transition Courses: Describe and give dates of last courses attended.

Accidents or violations: Describe and give dates.

Pilot Signature: _____

Date: _____