

# PILOT HISTORY FORM

## Packer & Associates

5266 Mooney Rd., Radnor, OH 43066

740-494-2554

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1 Pilot's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
2 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ How long? \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Airman Certificate #: \_\_\_\_\_ Date/Class FAA Medical: \_\_\_\_\_  
Biennial Flight Review Date: \_\_\_\_\_ IPC Date: \_\_\_\_\_ AOPA #: \_\_\_\_\_ EAA#: \_\_\_\_\_

### 3 Certificates & Ratings

\_\_\_\_ Student \_\_\_\_\_ Instrument \_\_\_\_\_ Glider \_\_\_\_\_ Type Ratings: \_\_\_\_\_  
\_\_\_\_ Sport \_\_\_\_\_ Single Engine Land \_\_\_\_\_ Helicopter \_\_\_\_\_  
\_\_\_\_ Private \_\_\_\_\_ Multi Engine Land \_\_\_\_\_  
\_\_\_\_ Commercial \_\_\_\_\_ Single Engine Sea \_\_\_\_\_  
\_\_\_\_ ATP \_\_\_\_\_ Multi engine Sea \_\_\_\_\_ Mechanic Rating: \_\_\_\_\_ Aircraft \_\_\_\_\_  
\_\_\_\_ CFI \_\_\_\_\_ CFII \_\_\_\_\_ Power Plant \_\_\_\_\_

4 Total logged pilot hours: \_\_\_\_\_ Pilot in Command \_\_\_\_\_ Co-Pilot \_\_\_\_\_  
Make & Model: \_\_\_\_\_ Total Time: \_\_\_\_\_ M & M Last 12 Months: \_\_\_\_\_ M&M Last 90 days \_\_\_\_\_  
Make & Model: \_\_\_\_\_ Total Time: \_\_\_\_\_ M & M Last 12 Months: \_\_\_\_\_ M&M Last 90 days \_\_\_\_\_  
Make & Model: \_\_\_\_\_ Total Time: \_\_\_\_\_ M & M Last 12 Months: \_\_\_\_\_ M&M Last 90 days \_\_\_\_\_

### 5 Please provide a complete breakdown of logged pilot in command hours:

	HOURS		HOURS		HOURS
Single Engine Fixed Gear	_____	Cross Country	_____	Total Last 90 days	_____
Tailwheel	_____	Instrument	_____	Total Last 12 months	_____
Single Engine Retractable	_____	a. Actual Inst	_____	RW Piston	_____
Multi Engine -12,500 lbs	_____	b. Simulator	_____	RW Turbine	_____
Multi Engine +12,500 lbs	_____	S E Sea	_____	AG Piston:	_____
Turboprop	_____	M E Sea	_____	AG Turbine:	_____
Turbojet	_____	Glider	_____	AG Total:	_____

6. Year, Make & Model \_\_\_\_\_ N# \_\_\_\_\_ Seats \_\_\_\_\_ Hull Value \$ \_\_\_\_\_ Liability \$ \_\_\_\_\_  
Airport \_\_\_\_\_ Hangared Yes No Aircraft Use: \_\_\_\_\_  
Lien Holder \_\_\_\_\_  
Registered Owner: Name & Address \_\_\_\_\_

7. Does Aircraft have all of the following: IFR Certified GPS w/ moving map display AND Autopilot w/ Altitude hold? Yes

8. Has the above listed pilot attended approved training in this make & model: Yes No

If yes, provide location and dates of training: \_\_\_\_\_

Is recurrent training scheduled? Yes No If Yes, Date/Location: \_\_\_\_\_

9. In the past 5 years, have any of the following occurred:

Has the above listed pilot had any claims, accidents, incidents, or violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the above listed pilot had any license limitation or waivers? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any above listed pilot had any felony convictions or license suspension  
arising out of the operation of a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the above listed pilot had any arrests for alcohol or drug related incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the above listed pilot had insurance cancelled, decline to issue, or decline to renew? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain in Detail Any **YES** Answers Above: \_\_\_\_\_

I certify that the statements in this form are true and that no material information has been withheld or suppressed. I also certify that the hours listed above are true and correct in the categories listed and make and model time for the aircraft in which approval is being sought.

Pilot's Signature: \_\_\_\_\_ Date: \_\_\_\_\_