

PILOT EXPERIENCE FORM



General Information:					
Name:					
Address:					
Date of Birth:		ARN:		Medical Due:	
Licence Type:	(Circle as appropriate): SPL PPL CPL ATPL RAAus GFA : Fixed Wing Rotor Wing				
Ratings: (Circle as appropriate):					
MPPC Tailwheel Retractable Multi-Engine Aerobatic Formation Instructor CIR PIFR NVFR Water Slung					
Aircraft Experience:					
	Fixed Wing	Rotor Wing	RAAus	Glider	Other
Total Experience					
Command					
Multi Engine					
Turbine					
Tailwheel					
Other Specialist					
Command last 90days					
Total Make/model					
Make/model last 90 days					
Additional Information (details of any relevant training such as manufacturer supported training/simulator based recurrent training and the like):					
Have you ever had your licence suspended or cancelled?				Yes	No
Have you ever been charged or convicted of a breach of civil aviation regulations?				Yes	No
Have you ever been convicted of driving a motor vehicle under the influence of drugs or alcohol?				Yes	No
Have you been involved in an accident or insurance claim in the past 5 years?				Yes	No
Has any insurance company ever cancelled, non-renewed or declined coverage on your behalf in the past 5 years?				Yes	No
If you answer yes to any of the above, please explain below or attach additional pages if necessary:				Yes	No
Signature:				Date:	