

CAP FLYING, INC.
P.O. Box 699
Plymouth, FL 32768
407-880-4973

ALEXANDER AVIATION ASSOCIATES, INC.
THE AVIATION INSURANCE EXPERTS
Executive Center, 7 West Main Street, Suite 100 Apopka, Florida 32703-5185
800-432-8519 Fax 407-889-0101

PILOT RECORD 2009

(FRM2A.PUB)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONES: WORK: _____ Home _____ Fax _____ Mob _____

SEX : _____ OCCUPATION: _____ Employer _____

SS#: _____ Marital Status _____ Dependents _____ Cert# _____

APPROVAL REQUESTED [] AS CFI [] AS RENTER IN FOLLOWING A/C MODELS:

SPECIALIZED TRAINING (Be sure to Include Training for Aircraft to be Flown.)

TRAINING DATES	NAME OF SCHOOL	A/C TYPE	INITIAL or RECURRENT	PIC or SIC
_____	_____	_____	_____	_____

FAA CERTIFICATE HELD:	YEAR OBTAINED	RATINGS NOW HELD:	YEAR OBTAINED
[] STUDENT	_____	[]ASEL	_____
[] PRIVATE	_____	[]AMEL	_____
[] COMMERCIAL	_____	[] INSTR.	_____
[] ATP	_____	[] R/CRAFT	_____
[] FLIGHT INSTRUCTOR	_____	[] OTHER	_____

DATE OF LAST FAA MEDICAL _____ CLASS: _____ WAIVERS: _____

DATE OF LAST FLIGHT REVIEW: _____ DRIVER'S LICENSE # _____ STATE: _____

SCHOOLING: (GIVE DATES, SCHOOL AND/OR INSTRUCTOR) _____

FLIGHT TRAINING: _____

LAST REFRESHER OR TRANSITION COURSES: _____

DO YOU PARTICIPATE IN FAA PILOT PROFICIENCY AWARD PROGRAM? NO ___ YES ___

WHAT PHASE HAVE YOU COMPLETED: _____ FOR WHAT TYPE AIRCRAFT: _____

AIRCRAFT MAKE/MODEL _____

AIRCRAFT MAKE/MODEL	TOTAL	PILOT EXPERIENCE		LAST 90 DAYS	IFR	NIGHT
		AS PILOT IN COMMAND	AS CFI			
ALL AIRCRAFT	_____	_____	_____	_____	_____	_____
ALL RETRACTABLE GEAR	_____	_____	_____	_____	_____	_____
ALL MULTI ENGINE	_____	_____	_____	_____	_____	_____
ALL TURBINE	_____	_____	_____	_____	_____	_____
CESSNA 172	_____	_____	_____	_____	_____	_____
BEECH C23 SUNDOWNER	_____	_____	_____	_____	_____	_____
PA28-181	_____	_____	_____	_____	_____	_____
PA28R-201	_____	_____	_____	_____	_____	_____
PA34-200	_____	_____	_____	_____	_____	_____
PA 44	_____	_____	_____	_____	_____	_____
GRUMMAN GA7 COUGAR	_____	_____	_____	_____	_____	_____

AS PILOT-IN-COMMAND OR AS CO-PILOT HAVE YOU: (IF YES, EXPLAIN FULLY)

- HAD, OR BEEN INVOLVED IN ANY AIRCRAFT ACCIDENTS?.....NO YES
 - HAD ANY VIOLATIONS OF FEDERAL AIR REGULATIONS?.....NO YES
- HAS YOUR AUTOMOBILE DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?. NO YES
- HAVE YOU BEEN CONVICTED OF OPERATING A MOTOR VEHICLE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS IN THE PAST FIVE YEARS?.....NO YES
- HAVE YOU HAD ANY AUTOMOBILE ACCIDENTS WITHIN THE LAST FIVE YEARS?....NO YES
- PLEASE EXPLAIN ALL YES ANSWERS: _____

I WARRANT 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 _____

(PILOT'S PERSONAL SIGNATURE REQUIRED)

THIS PILOT RECORD IS FILED IN CONNECTION WITH THE INSURANCE APPLICATION OF:
CAP FLYING, INC.