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AGRICULTURAL PILOT HISTORY FORM

GENERAL INFORMATION:

Name of Applicator _____
 Business: _____
 Pilot Name: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____
 Birthdate: _____
 Occupation: _____
 AOPA: _____ EAA: _____

FAA Certificate No: _____

Pilot Certificates and Ratings Held	
Private Pilot	Instrument
Commercial Pilot	ASEL
ATP	AMEL
Flight Instructor	Rotor-Helicopter

Date of Last Medical: _____ Class: _____
 List any waivers or limitations: _____

 Date of Last BFR: _____

PILOT EXPERIENCE:

Turbine Engine School Attended? (if applicable)	YES	NO	Date
Name of Facility			

Number of years you have been involved in Aerial Application:	
PAASS Completion Location:	PAASS Completion Date:
List states in which you are presently licensed to conduct Aerial Application:	

FLYING EXPERIENCE – LOGGED HOURS ONLY

Total Hours All Aircraft	
Total Ag Time	
Total Turbine Ag Time	

SPECIFIC MAKE & MODEL EXPERIENCE

Aircraft Make/Model:		Total Time:	
Aircraft Make/Model:		Total Time:	
Aircraft Make/Model:		Total Time:	
Aircraft Make/Model:		Total Time:	

- | | | |
|---|-----|----|
| 1. As pilot in command or co-pilot have you had or been involved in any drift claims, incidents or accidents? (Last 5 Years) | Yes | No |
| 2. Has your pilot certificate or any state aerial application certificate held by you ever been suspended or revoked? | Yes | No |
| 3. As pilot in command or co-pilot have you been found guilty of or been penalized, disciplined, fined or violated for any civil or military Air Regulations? | Yes | No |
| 4. Has your automobile driver's license ever been suspended or revoked? | Yes | No |
| 5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics or for reckless driving? | Yes | No |
| 6. Have you ever been convicted or pleaded guilty to a felony or are you under indictment for a felony? | Yes | No |
| 7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? | Yes | No |
| 8. Are you regularly using any medication? | Yes | No |
| 9. Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years? | Yes | No |

EXPLAIN fully each YES answer _____
 (for additional space use back)

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

PILOT'S SIGNATURE _____ DATE _____