

6004 North Cedar Ave, Ste. B
 Lubbock, TX 79403
 806-762-0080 office
 806-762-0260 fax
info@roynealagency.com
www.roynealagency.com



PILOT HISTORY FORM

GENERAL INFORMATION:

Insured Name: _____
 Pilot Name: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____
 Birthdate: _____
 Occupation: _____
 AOPA # _____ EAA # _____

RATINGS:

FAA Certificate No: _____

<input type="checkbox"/>	Student Pilot	
<input type="checkbox"/>	Private Pilot	<input type="checkbox"/> Instrument
<input type="checkbox"/>	Commercial Pilot	<input type="checkbox"/> ASEL
<input type="checkbox"/>	ATP Pilot	<input type="checkbox"/> AMEL
<input type="checkbox"/>	Glider	<input type="checkbox"/> ASES
<input type="checkbox"/>	CFI	<input type="checkbox"/> AMES
<input type="checkbox"/>	CFII	<input type="checkbox"/> Rotor-Helicopter
<input type="checkbox"/>	MEI	<input type="checkbox"/> 1 st Class Medical
<input type="checkbox"/>	Recreational Pilot	<input type="checkbox"/> 2 nd Class Medical
<input type="checkbox"/>	Sport Pilot	<input type="checkbox"/> 3 rd Class Medical
Medical Date: _____		Medical Exp: _____

PILOT EXPERIENCE:

Enter breakdown of LOGGED PILOT Hours Below

	TOTAL TIME	TOTAL LAST 12 MONTHS	TOTAL IFR
AIRPLANE			
Fixed Gear			
Retractable Gear			
Multiengine			
Tailwheel			
Turboprop			
Turbojet			
Sea			
ROTORCRAFT-HELICOPTER			
Piston Powered			
Turbine Powered			

Date Last BFR: _____ Date Last IPC: _____

SPECIFIC MAKE & MODEL EXPERIENCE and TRAINING HISTORY

Aircraft Make/Model:	Total Time:	Last 12 Months	Date of Last G&F School:

- | | | |
|---|-----|----|
| 1. Are you flying under any waiver or limitation? (on your medical or pilot certificate) | Yes | No |
| 2. Have you ever been penalized, cited or fined for violation of any F.A.R.? | Yes | No |
| 3. Have you ever had an aircraft claim, incident or accident? | Yes | No |
| 4. Have you ever been convicted of a felony or are you under indictment for a felony? | Yes | No |
| 5. Has your driver's license ever been suspended? | Yes | No |
| 6. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? | Yes | No |
| 7. Have you ever been treated for chemical dependency or alcohol abuse? | 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 _____