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**PILOT HISTORY FORM**

FAA Certificate No: \_\_\_\_\_

**GENERAL INFORMATION:**

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

**RATINGS:**

<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 <sup>st</sup> Class Medical
<input type="checkbox"/>	Recreational Pilot	<input type="checkbox"/> 2 <sup>nd</sup> Class Medical
<input type="checkbox"/>	Sport Pilot	<input type="checkbox"/> 3 <sup>rd</sup> Class Medical
<b>Medical Date:</b> _____		<b>Medical Exp:</b> _____

**PILOT EXPERIENCE:**

Enter breakdown of LOGGED PILOT Hours Below

	TOTAL TIME	TOTAL LAST 12 MONTHS	TOTAL IFR
<b>AIRPLANE</b>			
<b>Fixed Gear</b>			
Retractable Gear			
Multiengine			
Tailwheel			
Turboprop			
Turbojet			
Sea			
<b>ROTORCRAFT-HELICOPTER</b>			
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:
Aircraft Make/Model:	Total Time:	Last 12 Months	Date of Last G&F School:
Aircraft Make/Model:	Total Time:	Last 12 Months	Date of Last G&F School:
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- |   |     |    |
|---|-----|----|
| 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? (in the last 5 years)   | 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** \_\_\_\_\_