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## PILOT HISTORY INFORMATION

Please print legibly in Black or Blue ink.

<b>Name:</b>		<b>SSN:</b>		<b>D.O.B:</b>	
<b>CERTIFICATES &amp; RATINGS</b>					
<b>Pilot Certificate #:</b>					
<b>Type:</b> <i>(check all that apply)</i>					
Student	Private	Commercial	ATP	Instrument	
ASEL	ASES	AMEL	AMES	Rotorcraft	Other _____
CFI	CFII	MEI	AGI	IGI	
<b>Medical Certificate #:</b>		<b>Class:</b>		First	Second Third
<b>Date:</b>		<b>Examiner:</b>			
<b>FLIGHT EXPERIENCE</b>					
Total Time:	PIC:	Solo:	Dual:		
Dual Given:	SEL:	MEL:	Instrument:		
Complex:	High-Perf:	XC:	Night:		
Last 12 mos:	6 mos:	90 days:	30 days:		
<b>FLIGHT CURRENCY</b>					
<b>Last Flight Review:</b>		<b>IPC:</b>		<b>Last Flight:</b>	
<b>Night Currency:</b>		<b>Instrument:</b>		<b>CCA Review:</b>	
<b>PERSONAL INFORMATION</b>					
<b>Citizenship:</b>		<b>Sex:</b> Male Female		<b>Height:</b> in.	
<b>Weight:</b> lbs.		<b>Hair Color:</b>		<b>Eye Color:</b>	
<b>INSURANCE INFORMATION</b>					
<b>Provider:</b>		<b>Exp:</b>		<b>Hull Value:</b>	
				<b>SEL MEL</b>	
<b>PHOTOCOPY CHECKLIST</b>					
<i>Must be initialed by a CCA representative</i>					
_____ Passport or Birth Certificate	_____ Drivers License or Photo ID	_____ Credit Card			
_____ Pilot Certificate	_____ Instructor Certificate	_____ Medical Certificate			
_____ Last completed logbook page	_____ Flight Review	_____ IPC			
_____ High Performance endorsement	_____ Complex Endorsement	_____ Renters Insurance			
<b>SIGNATURES</b>					
I verify that the above information is accurate and true to the best of my knowledge.					
<b>Signature of member:</b>				<b>Date:</b>	