



# Gustafson Insurance Agency

"Insurance Made Simple"

Est. 1906

541 NW Second Ave. - Canby, OR 97013 - 503-266-2216 - Fax 503-266-7510

## PILOT EXPERIENCE RECORD

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Certificate # \_\_\_\_\_ Date & class of last FAA medical \_\_\_\_\_

Date of last Flight Review \_\_\_\_\_ Date of last Instrument Proficiency Check \_\_\_\_\_

Date and Place of Simulator Training \_\_\_\_\_ : Type of Aircraft Trained In \_\_\_\_\_

LICENSE:  Student  Private  Commercial  Airline Transport  Mechanic

RATINGS:  Single Engine Land  Multi Engine Land  Instrument  Instructor  Glider  Single Engine Sea  Multi Engine Sea  
 Rotor Wing  Type Ratings \_\_\_\_\_

### FLYING EXPERIENCE DATA

Total Time	_____ hours	Total hours Last 90 Days	_____ hours	Retractable Gear	_____ hours
Instrument	_____ hours	Total Hours Past Year	_____ hours	Multi-Engine	_____ hours
Tail Wheel	_____ hours	Turboprop	_____ hours	Jet	_____ hours
Night	_____ hours	Sea	_____ hours	Rotor Wing	_____ hours
Charter	_____ hours	As C F I	_____ hours	Other	_____ hours

### BREAKDOWN HOURS BY TYPE OF AIRCRAFT (multi-engine or turbine or rotorwing)

Make & Model _____	hours _____	Make & Model _____	hours _____
Make & Model _____	hours _____	Make & Model _____	hours _____

### IF ANY OF THE FOLLOWING ANSWERS ARE "YES" PLEASE GIVE FULL DETAILS ON REVERSE SIDE IF NECESSARY.

- 1) Are you flying under a waiver? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Have you ever been penalized, disciplined or fined for violation of FAR's? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Have you ever been convicted or pleaded guilty to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Have you ever been convicted or pleaded guilty of drunken driving? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Have you ever been convicted or pleaded guilty to a drug charge? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Have you taken or are you presently taking antidepressant drugs or tranquilizers? Yes \_\_\_\_\_ No \_\_\_\_\_

7) ACCIDENT & CLAIMS HISTORY: List ALL violations, suspensions, accidents, incidents, whether or not involving an insurance payment (continue full details on reverse). IF NONE, STATE NONE, DO NOT LEAVE BLANK.

_____	_____	_____
Date	Description	Amount Paid

I understand that this application does not commit the Insurer(s) to any liability whatsoever until the Insurer(s) agree to affect such Insurance coverages as have been applied for by this application.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)