

A) Personal Information

Surname		Full Names			
Date of Birth		Occupation			
Postal Address					
Tel (Home)	Tel (Office)	Fax	Mobile	Email	

B) License Details

Type of License	Number	Date of Issue	Expiry Date
Restrictions			
Instrument Rating <input type="checkbox"/> Yes <input type="checkbox"/> No	Night Rating <input type="checkbox"/> Yes <input type="checkbox"/> No	Instrument Safety Pilot Rating <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructors Rating Grade <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> N/a	Test Pilot Rating Class <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> Post Maintenance <input type="checkbox"/> N/a		
Other – Please Specify			

C) Flying Experience (FIXED WING AND ROTAR WING ONLY)

	Fixed Wing Aircraft				Rotor Wing Aircraft			
	TOTAL	Pilot In Command	Dual	Co-Pilot	TOTAL	Pilot In Command	Dual	Co-Pilot
Single Engine								
Multi Engine								
Turbine Engine								
Jet Engine								
TOTAL Fixed Wing					TOTAL Rotor Wing			
Retractable Undercarriage								
Tail Wheel Undercarriage								

D) Flying Experience (MICROLIGHT/ ULTRA LIGHT / GLIDERS ONLY)

	Glider			Power Glider			Microlight / Ultralight		
	TOTAL	Pilot In Command	Dual	TOTAL	Pilot in Command	Dual	TOTAL	Pilot In Command	Dual
3-Axis									
Weight Shift									
Gyrocopter									
TOTAL									

Initial: _____

E) Flying Experience (AIRCRAFT TYPE)

If the list is particularly extensive, you need only specify: 1) the types that you have flown in the past 12 months
2) total hours of these types flown since rating received
Preferably, specify all types, using a separate sheet if necessary.

Make & Model	TOTAL	Pilot In Command	Dual	Co-Pilot

F) Accident / Incident History

Please give details below of any accident involving any aircraft in which you were acting as Pilot-in-Command or Co-Pilot, or whilst you were flying Dual, including whilst you were under (or giving) instruction, during the 60 months immediately proceeding the current date. Give the following details for each separate accident, using a separate sheet if necessary.

Date of Accident / Incident	
Make, Model and Registration Mark	
Registered owner of Aircraft	
Purpose of Use	
Damages	
Cost of Repairs	
Official cause of accident, or your opinion of probable cause if no official finding was made at the time or subsequently	

G) Other Information

Please specify any other information that you believe Insurers should be aware of in relation to your flying experience or flying ability; such as military or non-powered flying experience, flying awards received, etc.

PLEASE NOTE: The above information is required for Insurance Purposes only. It is important that all questions are answered accurate and truthfully. Non-disclosure and misrepresentation may prejudice future insurance claims.

I hereby declare that the foregoing particulars are true and correct.

Signature _____

Date _____

Initial: _____