

I certify that Russell Johnson  
has satisfactorily completed a Flight Review of section  
61.56(a) on 2-9-22, in a J3  
James Clark [redacted] CFI Exp. 2/28/23

I certify that (First name, MI, Last name) \_\_\_\_\_  
(pilot certificate) \_\_\_\_\_, (certificate number) \_\_\_\_\_  
has satisfactorily completed the flight review required in §61.56(a) on (date) \_\_\_\_\_  
ED \_\_\_\_\_ DATE \_\_\_\_\_  
IO \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that (First name, MI, Last name) \_\_\_\_\_  
(pilot certificate) \_\_\_\_\_, (certificate number) \_\_\_\_\_  
has satisfactorily completed the flight review required in §61.56(a) on (date) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that (First name, MI, Last name) \_\_\_\_\_  
(pilot certificate) \_\_\_\_\_, (certificate number) \_\_\_\_\_  
has satisfactorily completed the flight review required in §61.56(a) on (date) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that (First name, MI, Last name) \_\_\_\_\_  
(pilot certificate) \_\_\_\_\_, (certificate number) \_\_\_\_\_  
has satisfactorily completed the flight review required in §61.56(a) on (date) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I certify that (First name, MI, Last name) \_\_\_\_\_  
(pilot certificate) \_\_\_\_\_, (certificate number) \_\_\_\_\_  
has satisfactorily completed the flight review required in §61.56(a) on (date) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
CFI NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_



## AG PILOT HISTORY FORM

442 Airport Road  
Greenwood, MS 38930

Kannel Aviation Insurance Agency, Inc.

Telephone:   
Fax: 

Name of Insured: West Wind Air, LLC

Pilot's Name: Russell Johnson

Street:

City, State, Zip Lake Village, AR 71653

Email:

Phone No. (H):

(W):

(C):

Date of Birth:

Occupation: Ag Pilot

Membership No: AOPA:

Airmans Certificate #:

NAAA:

STATE AAA: Yes

PAASS: Yes

DATE ATTENDED PAASS:

Last Medical Date: 01/10/2022

Medical Class: 2nd

Last BFR date: 2-9-22

Last IPC date:

Make and Model:

## TOTAL LOGGED PILOT HOURS

TOTAL TIME:

17,950

Total Last 12 Months:

630

Total Last 90 days:

4

Multi-Engine Land:

12

Retractable Gear:

24

Tailwheel:

17,150

Instrument:

Total AG:

17,560

Turbine AG:

17,00

Single Engine Sea: 10

Multi-Engine Sea: 0

Turbo Prop:

17,00

Turbo Jet: 0

Rotorwing AG: 0

Turbine Rotorwing AG: 0

Rotorwing - Turbine: 0

Rotorwing - Piston: 0

1.3 (DWH)

All Other Flying Experience:

## Please list all Makes &amp; Models Flown

Make & Model	Total Time	Last 12 months NM	Make & Model	Total Time	Last 12 months NM
AT-802	2,350	660	J-3	25	25
Turb Thrush	13,950	0	8KCAB	50	0
AT-502	180	0	C172	550	0
AT-402	200	0	A1A HUSKY	55	0
C188	500	0	7BCM CHAMP	40	20

PLEASE EXPLAIN ANY "YES" ANSWERS ON THE REVERSE SIDE

Have you completed any Initial / Transition / Recurrent Ag training courses in the last 24 months? ☒ YES ☐ NO

If Yes, please provide location and date of completion. PAASS Little Rock 1-6-19

Are you flying under any medical waivers? ☐ YES ☒ NOHave you ever been received a FAR Violation? ☐ YES ☒ NOHave you ever had an aircraft Accident or Incident? ☐ YES ☒ NOHas any insurance company cancelled, declined, or refused to renew any insurance policy on your behalf? ☐ YES ☒ NOHave you ever been convicted of a DUI, DWI, or reckless driving? ☐ YES ☒ NOHas your drivers license ever been suspended or revoked? ☐ YES ☒ NOHave you ever been convicted of, or are you under indictment in a legal action involving drugs or narcotics? ☐ YES ☒ NO

I WARRANT the truth of the above statements and further WARRANT that no material information has been withheld or suppressed.

Date: 01/19/2022

Pilot Signature: