



### Pilot History Form

Name Howard Cassidy  
 Address [REDACTED]  
 Employer S & H Aircraft  
 Airmen's Certificate # [REDACTED]  
 Home Phone [REDACTED]

AOPA Number \_\_\_\_\_ Age 71  
 City Fort Worth State/Zip TX 76179  
 Date Employed 4/2016 Position President  
 Name Insured \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Flying Experience Summary (Logged Hours)				Current Certificate and Ratings	
	Total	Last 12 Months	Last 90 Days		
All Aircraft	16,450	200	45	<input type="checkbox"/> Student	<input type="checkbox"/> Instructor
Tailwheel				<input type="checkbox"/> Private	<input type="checkbox"/> Rotorcraft
Retractable Gear				<input type="checkbox"/> Commercial	<input type="checkbox"/> Glider
Multi-Engine	16250			<input checked="" type="checkbox"/> Airline Transport	<input type="checkbox"/> Lighter than Air
Turboprop	3100			<input checked="" type="checkbox"/> Single-Engine Land	<input checked="" type="checkbox"/> A&P Mechanic
Jet	13250			<input checked="" type="checkbox"/> Multi-Engine Land	<input type="checkbox"/> Aircraft Inspector
Rotorcraft				<input type="checkbox"/> Centerline-Thrust	<input type="checkbox"/> Other:
<b>Instrument</b>				<input checked="" type="checkbox"/> Single-Engine Sea	<input type="checkbox"/> Type Ratings: <b>BE300</b>
Actual				<input type="checkbox"/> Multi-Engine Sea	<input type="checkbox"/> <b>CE650, CE750</b>
Simulated (Hood)				<input type="checkbox"/> Instrument	<input type="checkbox"/> <b>G-IV</b>
Instructor				<b>Last Biennial Flight Review</b>	
Sea				Date: <u>07/17/2018</u>	
<b>Logged Hours in Model(s) to be Insured</b>				Model Used: <u>CE650</u>	
Aircraft Model	Total	Last 12 Months	Last 90 Days	<b>Medical Certificate</b>	
BE300	1100	30	30	Class: <input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	
BE200	1900	150	20	Date of last physical: <u>12/22/2018</u>	

- As pilot, any aircraft accidents?  No  Yes
- Ever cited for violating civil or military flight regulations?  No  Yes
- Ever convicted or pled guilty to a felony?  No  Yes
- Ever arrested for driving under the influence of drugs/alcohol?  No  Yes
- Any waivers or limitations on your Medical Certificate? (Attach copy of any Certificate or Demonstrated Ability)  No  Yes
- Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you?  No  Yes

Explain each "Yes" answer. Include dates and details.  
**MUST WEAR GLASSES**

Proficiency/Recurrent Training Attended for Specific Models: (Attach copy of completion certificate)				
School - Location	Month/Year Attended	Aircraft Model	Simulator	Hours Flown Flight
RAS SEVICES	03/2019	BE300	8	1
I represent that all information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.				
Signature: <u>[REDACTED]</u>			Date: <u>3/7/2019</u>	