



Pilot Record Form

1. GENERAL INFORMATION

Pilot Name:	Matthew Palmer
DOB:	[REDACTED]
Occupation:	Pilot
Employer:	Self-Employed
Reference (Tail #/Owner):	N534FF

FAA Airmen No:	[REDACTED]
Address:	[REDACTED]
City, ST Zip:	Fort Worth, TX 76179
Phone:	[REDACTED]
E-Mail:	[REDACTED]

2. PILOT CERTIFICATION, RATINGS, & EXPERIENCE (LOGGED HOURS)

<input type="checkbox"/> Student Pilot	<input checked="" type="checkbox"/> Instrument	<input checked="" type="checkbox"/> CFII	<input checked="" type="checkbox"/> Pro-Pilot Full Time
<input type="checkbox"/> LSA Pilot	<input checked="" type="checkbox"/> Multi-Engine Land	<input checked="" type="checkbox"/> CFII	<input type="checkbox"/> Pro Card
<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Helicopter	<input checked="" type="checkbox"/> MEI	<input checked="" type="checkbox"/> No Accidents
<input checked="" type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Single-Engine Sea	<input type="checkbox"/> DPE	<input checked="" type="checkbox"/> No Waivers
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Multi-Engine Sea	<input type="checkbox"/> A&P	<input checked="" type="checkbox"/> No Violations
Total Fixed Wing: 2357	PIC Turboprop: 225	Piston RW:	Medical Class: 1
Total Retractable: 1302	PIC Turbo Jet:	Turbine RW:	Medical Exp.: 04/19
Total Multi: 1254	SIC Turboprop: 615	Last 12-Months: 367	Date Last BFR: 09/18
Total Tail Wheel:	SIC Turbo Jet: 116	Last 90-Days: 189	Date Last IPC: 09/18

Additional Type Ratings: _____

3. INSURED MAKE/MODEL EXPERIENCE & TRAINING HISTORY (Include the Make/Model to be insured or similar types)

Make/Model: be9l	Time: 225	Recurrent Date/Name: Rich aviation 06/18
Make/Model: be30 sic	Time: 615	Recurrent Date/Name: ATP
Make/Model:	Time:	Recurrent Date/Name:

4. QUESTIONS (check "YES" or "NO")

- a. Are you flying under a waiver? Yes No
- b. Have you ever been penalized for an FAR violation? Yes No
- c. Have you ever had an aircraft accident, incident, and/or violation? Yes No
- d. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf? Yes No
- e. In the last 5 years, have you been convicted of or are you under indictment in a legal action involving drugs or narcotics? Yes No
- f. In the last 5 years, have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics? Yes No
- g. In the last 5 years, has your driver's license been suspended or revoked? Yes No

Explain all YES answers (attach separate sheet, if necessary): _____

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge.

Pilot's Signature: _____

Date: 4/11/19