



PILOT HISTORY FORM

Insured's Name: Mishawaka Air Activities, Inc.

Client No: MIS006A

Pilot's Name _____ Date of Birth: _____

Last, First, Middle

Mailing Address _____

City, State, Zip Code, Phone No. _____

Occupation _____ Employer _____ How Long _____

Airman Certificate No. _____ Date & Class of Last Physical _____

Date of Biennial Flight Review _____

Pilot Ratings - Student ___; Private ___; Commercial ___; Instructor ___; ATP ___; Instrument ___

Aircraft Ratings - S.E.L. ___; M.E.L. ___; S.E.S. ___; M.E.S. ___; Helicopter ___; Other _____

Total Logged Civilian Pilot Hours (Pilot in Command) _____; Co-Pilot _____

Total Logged Military Pilot Hours (Pilot in Command) _____; Co-Pilot _____

Enter breakdown of LOGGED PILOT IN COMMAND hours below (Military & Civilian Combined)

HOURS

Single Engine Fixed Gear _____

Single Engine Retractable Gear _____

SE -Turbo Prop _____

SE -Turbo Jet _____

Helicopter - Reciprocating Powered _____

Helicopter - Turbine Powered _____

Multi Engine _____

Multi Engine T-Prop _____

Multi Engine T-Jet _____

HOURS

Tailwheel _____

Aerial Application

Total Fixed Wing AG _____

a) Turbine FW AG _____

b) Piston FW AG _____

Total Rotor Wing Ag _____

a) Turbine RW AG _____

b) Piston RW AG _____

Applicant Requests Approval in the Following Makes and Models of Aircraft:

Make and Model of Aircraft **Total Logged Pilot in Command Hours
In Make & Model**

Make/Model M/M Total Hrs M/M Hours Last 12 Months

Cessna 172 _____ _____

Cirrus SR20 _____ _____

PA-32-300 _____ _____

Are you flying under a waiver? _____ Describe in Detail _____

Ever penalized for violation of F.A.R.? _____ Describe in Detail _____

Have you ever had an Accident, Incident or Violation? _____ Describe in Detail _____

Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf? _____

Describe in Detail _____

***Absence of entry means negative answer.**

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

Date _____

Pilot's Signature _____

MAA Members: DO NOT MAIL TO THIS ADDRESS! Return completed form to Treasurer

PO Box 92409, Austin, TX 78709

512-891-8473 * FAX 512-891-8483