



PILOT HISTORY FORM

Insured's Name: **Mishawaka Air Activities, Inc.**

Client No: **MIS006A**

Pilot's Name _____ Date of Birth: _____

Last, First, Middle

Address _____

Street, 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 _____

Turbo Prop _____

Turbo Jet _____

Helicopter - Reciprocating Powered _____

Helicopter - Turbine Powered _____

Multi Engine _____

Multi Engine T-Prop _____

Multi Engine T-Jet _____

HOURS

Tailwheel _____

Cross Country _____

Last 90 days _____

Night Flying _____

Aerial Application _____

a) Turbine _____

b) Piston _____

Total Rotor _____

Wing 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	If applicable/required - Is Annual Recurrent Training Received in this Aircraft? Date & Location /Facility (attach copy of Training Completion Certificate)
C172		
PA28R-200		
Cirrus SR20 _____	MM Total: _____ MM Last 12 Mos: _____	

For Aerial Applicators – have you completed the PAASS program in the last 12 months? (Date and location) _____

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 _____

**PO Box 92409, Austin, TX 78709
512-891-8473 * FAX 512-891-8483**