

Boeing Employees' Flying Club
P.O. Box 9383
Wichita, KS 67277-0383

PILOT HISTORY FORM

Name of Member		Date			
Address (Street Address, no PO Box)			Date of Birth	Social Security Number	
City	State	Zip Code	Phone Number		
Employer's Name		Phone Number	Pilot's Occupation in Employer's Company		
Airman's Certificate Number	Medical Class and Date of Examination		Date Last Biennial Flight Review		
Date and Place First Rated as Pilot	Date last Proficiency Recorded in Log	Have you attended aircraft manufacturer's ground and flight training course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LOGGED PILOT FLYING HOURS					
CERTIFICATES AND RATINGS		Logged Pilot in Command Hrs.	Logged Dual Hrs.	Total Logged Hrs.	Logged Hrs Last 90 Days
Student.....	<input type="checkbox"/> Single-engine Tricycle Fixed Gear				
Recreational.....	<input type="checkbox"/> Single-engine Conventional Fixed Gear				
Private.....	<input type="checkbox"/> Single-engine Retractable Gear				
Commercial.....	<input type="checkbox"/> Multiengine				
Airline (ATP).....	<input type="checkbox"/> Other (Specify)				
Instructor: (CFI).....	<input type="checkbox"/>				
Instrument Instructor: (CFII).....	<input type="checkbox"/>				
Multiengine Instructor: (MEI).....	<input type="checkbox"/>				
Instrument Rating.....	<input type="checkbox"/>				
Single-engine Land.....	<input type="checkbox"/>				
Multiengine Land.....	<input type="checkbox"/>				
Other (Specify).....	<input type="checkbox"/>				
		Total			
Check <input type="checkbox"/> These hours can be verified by pilot log books.					
One <input type="checkbox"/> These hours can be verified by records described below.					

I have _____ hours logged pilot in command in _____ aircraft.

(C-172, PA-28-181, C-182RG)

In what specific geographic areas have you flown? _____

Has your auto driver's license ever been suspended or revoked? Yes No

Have you ever been cited for operating an automobile under the influence of alcohol or drugs? Yes No

I have no physical impairments, waivers, or limitations other than _____

Have you ever been cited for violation of a F.A.R.? _____ If yes, give details _____

Annual Proficiency Training _____ Yes _____ No Date _____ If yes, describe training _____

I have not had any accidents involving damage to aircraft I have piloted, nor caused damage or injury to third parties or their property, nor has any insurance company or underwriter cancelled, declined, or refused to renew any insurance on my behalf, except as follows:

(if additional space is needed for answers, use space on reverse side)

I affirm that the statements in this application are true and correct, are made in good faith and no information is withheld which would adversely affect my pilot rating and approval by an insurer.

Absence of entry means negative answer MEMBER'S SIGNATURE _____