FIXED WING

CONFIDENTIAL PILOT INFORMATION

Last Name: (Print)	First Name:	Employer:
Pilot Licence #:	Engineer Licence #:	Date(s) Licence(s) Issued:

LICENCE DATA

TYPE		
Airline Transport:	Commercial:	Other Licences held:
ENDORSEMENTS		
Floats:	Multi engine:	Night:
Skis:	IFR:	VFR:
Other endorsements:		

FLYING EXPERIENCE

AIRCRAFT TYPE BY MAKE/MODEL i.e.: Cessna 210/Beech 99	TOTAL HOURS	**PIC** HOURS	FLOATS (hours)	SKIS (hours)	PPC DATE	Geographic Area of Operation (Indicate any Arctic Experience)
TOTAL						

Training Received and Other Experience (**DATE** you received training (month/year) and experience (hours))

Mountain Flying	Date	Hrs.	External Load	Date	Hrs.	Wildlife Survey	Date	Hrs.	Aerial Survey	Date	Hrs.
***Low Level Flying			P.D.M Training			C.R.M. Training					

* LOW LEVEL FLYING: ENR defines it as flying below 500 ft (AGL) that is not for the purpose of takeoff or landing. It would include activities such as Aerial Spraying and Aerial Inspection

DECLARATION: I certify that the information entered on this form is true to the best of my knowledge and belief.

Pilot's Signature _____ Date _____

THIS SECTION TO BE FILLED OUT BY EMPLOYER:

To the best of my knowledge, I certify that all information entered on this form to be correct. The above-named pilot has been approved by the company's chief pilot to operate the type(s) of aircraft listed and to perform all indicated specialty flying.

Name of Authorized Representative (Please Print) _____ TITLE _____ DATE _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____ COMPANY NAME _____