ROTARY 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.: Bell 206B/Astar 350	TOTAL HOURS	**PIC** HOURS	FLOATS	SKIS	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))

Bucketing	Date	Hrs.	Long-Lining	Date	Hrs.	Slinging	Date	Hrs.	Mountain Flying	Date	Hrs.	Gun-Netting	Date	Hrs.
Infra Red Scanning			Hover Exit			Aerial Ignition			Wildlife Survey			Aerial Capture		
									C.R.M. Training			P.D.M Training		

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