

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))

	Date	Hrs.		Date	Hrs.		Date	Hrs.		Date	Hrs.			
	Bucketing				Long-Lining					Slinging			Mountain Flying	
Infra Red Scanning			Hover Exit			Aerial Ignition			Wildlife Survey			Aerial Capture		

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