



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 / TYPE RATINGS		
Floats:	Multi engine:	Night:
Skis:	IFR:	VFR:
Other endorsements:		

FLYING EXPERIENCE

AIRCRAFT TYPE BY MAKE/MODEL i.e.: Bell 206B/Airbus AS350	TOTAL HOURS ON TYPE	PIC HOURS	FLOATS	SKIS	PPC EXPIRY 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.		Date	Hrs.
Bucketing			Long-Lining			Slinging			Mountain Flying			Gun-Netting		
Infrared 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