

2502 Route 102 Hwy
Lincoln, New Brunswick, Canada E3B 7E6

Date: _____

Name

**Mailing
Address**

_____ Email _____

**Phone
Number**

Home _____

Other _____

**Pilot's
License**

Type: Commercial ATPL

Number: _____

Date Issued: _____

Category: Aeroplanes Helicopters

Ratings:

Night	High Performance
Instrument	Instructor
Group _____	Class _____
Valid to _____	Valid to _____
Seaplane	Multi-engine
VFR OTT	

Limitations/Conditions _____

Type Ratings

Pilot Application Form

Last Medical Category _____
 Date _____
 Next Medical before _____

Pesticide License

	Province	Number	Expires
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Pilot Experience

All types _____
 Total Time _____
 Total Time PIC _____

Total time on Types

Type	Total Time	PIC	Last 12 months
Cessna 172			
Cessna 182			
Cessna 206			
Cessna 210			
Cessna 337			
Cessna 188			
PZL M-18			
TBM-3E			
AT-802			
Piper Aztec			

Pilot Application Form

Total time Other Types (100+ hours)

Type	Total Time	PIC	Last 12 months

Total time by category

Specialty	Total Time	PIC	Last 12 months
Single Engine			
Multi-engine			
IFR			
Night Single Engine			
Night Multi-Engine			
Tail Dragger			
Retractable Gear			
Turbine			
Radial Engine			
Aerial Application			
Fire Suppression			
DGPS Swath Guidance			
Other _____			

Accidents?

Date	Location	Aircraft Type	Probable Cause?	Injury to persons	Aircraft Damage	Property Damage

Explain Accident(s):

Pilot Application Form

As pilot-in-command or as co-pilot have you:

- had any violations of any air regulations? Yes No
- had your license cancelled or suspended? Yes No
- ever been refused approval as a pilot by an Insurance Company? Yes No

Previous Employment History

Name of Employer	Dates Employed	Duties
	to	
	to	
	to	
	to	
	to	

Educational Background

	Name of School	Date		Course/Major Discipline	Graduated	
		Start	Finish		Yes	No
Primary					Yes	No
Technical					Yes	No
Secondary					Yes	No
Other					Yes	No
Other					Yes	No
Other					Yes	No

Computer Skills

Additional Comments

I warrant that the information given is true and complete to the best of my knowledge and belief and that no material information has been withheld.

Signed: _____ **Date:** _____