

EMPRISE AIR, LLC
PILOT HISTORY DATA

Date: _____

Name (First, Middle, Last)		Date of Birth		
Address		City	State	Zip Code
FAA Airman's Certificate No.	FAA Medical: Class & Date of Issuance	Non-owned Aircraft Renter's Insurance Company:	Renter's Insurance policy expiration date:	

CERTIFICATES AND RATINGS								
Student <input type="checkbox"/>	Single Engine Land <input type="checkbox"/>		PILOT EXPERIENCE	TOTAL	Last 12 Mos.	PIC	DUAL REC'D.	DUAL GIVEN
Private: <input type="checkbox"/>	Single Engine Sea: <input type="checkbox"/>		Single-Engine Piston					
Commercial: <input type="checkbox"/>	Multi-Engine Land: <input type="checkbox"/>		Multi-Engine Piston					
Airline (ATP): <input type="checkbox"/>	Multi-Engine Sea: <input type="checkbox"/>		Single-Engine Turbo Prop					
Instructor: <input type="checkbox"/>	Center Line Thrust: <input type="checkbox"/>		Multi-Engine Turbo Prop					
Instrument Rating: <input type="checkbox"/>	Mechanic-Aircraft: <input type="checkbox"/>		Single-Engine Jet					
Helicopter: <input type="checkbox"/>	Mechanic-Powerplant: <input type="checkbox"/>		Multi-Engine Jet					
Glider: <input type="checkbox"/>			Helicopters					
Other (Specify): _____			Gliders					
_____			Other					
_____			TOTALS:					
Type Ratings: _____			Specific Aircraft					
_____			Diamond DA40 XLS					

_____			Total G1000 time					

			Biennial Flight Review Date:		Aircraft:			

- Have you ever been involved (as a pilot or copilot) in an aircraft accident? Yes No
- Has your pilot or medical certificate ever been suspended or revoked? Yes No
- Have you been cited for violating any federal air regulations? Yes No
- Do you have any limitations or waivers on your medical certificate? Yes No

(Explain yes answers on reverse)

I certify that the above statements are true.
