



Agricultural Pilot History Form

General Information			
Pilot's Name:		Pilot Ratings	
Age:		<input type="checkbox"/> Light Sport	<input type="checkbox"/> Single Engine Land
Address:		<input type="checkbox"/> Private	<input type="checkbox"/> Multi-Engine Land
City, State, Zip:		<input type="checkbox"/> Commercial	<input type="checkbox"/> Instrument
Phone:		<input type="checkbox"/> ATP	<input type="checkbox"/> Seaplane: <input type="checkbox"/> SE <input type="checkbox"/> ME
Email:		<input type="checkbox"/> A&P Mechanic	<input type="checkbox"/> Glider
Named Insured:		<input type="checkbox"/> Rotorcraft	<input type="checkbox"/> CFI <input type="checkbox"/> CFII

Pilot Experience		
All Aircraft:	Ag Fixed-Wing Piston:	Last 12 Months:
Fixed Wing:	Ag Fixed-Wing Turbine:	Operation Safe Training:
Rotorcraft:	Ag Rotor-Wing Piston:	WINGS Program:
Turbine Rotorcraft:	Ag Rotor-Wing Turbine:	PAASS Completion:
Multi-Engine:	Tailwheel:	Last BFR:

FAA Medical Certificate: _____ Date Issued: _____ Class: _____

Make & Model Pilot Experience (attach separate sheet, if necessary)		
Make & Model	Total Hours	Last 12 Months

Number of years involved in aerial application: _____ All states in which you are licensed to conduct aerial application: _____

Are you flying under a waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been penalized for a FAR violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had an aircraft accident, incident, and/or violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any violations or claims arising from the aerial application of chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or are you under indictment in a legal action involving drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pilot certificate or Ag certificate ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please use this space to explain each yes answer (attach separate sheet, if necessary) **PLEASE INCLUDE DATES**

I understand that by signing below, I am agreeing that all statements on this application are complete and true to the best of my knowledge.

Pilot's Signature: _____ Date: _____