

DETAILS OF FLYING EXPERIENCE

LICENCE No.		TYPE		DATE OBTAINED	
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COUNTRY AND FLYING SCHOOL AT WHICH PPL/NPPL OBTAINED

TOTAL HOURS FLOWN P1 SINCE PPL OBTAINED	
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TOTAL HOURS FLOWN P1 DURING THE LAST TWELVE MONTHS	
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OTHER RATINGS OBTAINED					
RATING	SCHOOL	DATE	RATING	SCHOOL	DATE

TYPES OF AIRCRAFT FLOWN P1 + HOURS ON EACH TYPE IN LAST 12 MONTHS					
TYPE	HOURS	TYPE	HOURS	TYPE	HOURS

IS YOUR PILOT MEDICAL CURRENTLY VALID	YES:		NO:	
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HAVE YOU EVER FAILED A PILOT MEDICAL?	Yes:		No:		(IF "YES" PLEASE PROVIDE DETAILS)

HAVE YOU EVER BEEN INVOLVED IN AN AIRCRAFT ACCIDENT AS P1/P2	YES:		NO:	

Signature:	
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