



151 East Tall Oaks Circle ♦ Palm Beach Gardens, Florida ♦ 33410-4467 USA ♦ Tel: +1-561-626 7388

Fill in, scan and return with copies of all licenses and documents to:

airops@intl-pilot.com

P I L O T D A T A S H E E T

Name: _____ Airman Cert Nmbr: _____ Country: _____
 Driver License Number: _____ State: _____
 Social Security Nmbr (US): _____ / _____ / _____
 National ID number (non-US): _____

Address: _____

City: _____ State/Prov _____ Postcode: _____ Country: _____

Tel, Res: _____ Tel, Work: _____ Mob: _____

Fax: _____ Alt mob: _____ Bkby PIN: _____

E-mail 1: _____ Email 2: _____

Aircraft Type / Model	Typed (Y/N)	PIC In Type	SIC In Type	Last SimCk (MON/yr)	Last Schl (MON/yr)	Facility Name & Location	Last Flt dd/MON/yy
TOTAL TIME:		PIC:		TT 6 mo:		TT last 90 days:	
FxdWing MultiEn:	<input type="checkbox"/>					Multi Engine Jet:	<input type="checkbox"/>

Flight Medical Certification

License Medical: Date (dd/MON/yr): _____ Class: _____ Waivers: _____ Limitations: _____

Special Use Airspace (SUA) Training

RVSM Trng: Date: _____ Facility: _____ Intl Ops Trng: Date: _____ Facility: _____
 MNPS Trng: Date: _____ Facility: _____ RNP/PBN Trng Date: _____ Facility: _____
 ADS-B Trng: Date: _____ Facility: _____ CPDLC Trng Date: _____ Facility: _____

Date of Birth (dd/MON/yr): _____ Citizenship: _____
City & State / Prov of Birth: _____ Country of birth: _____
Passport Number: _____ Issued by / at: _____
Issue Date (dd/MON/yr): _____ Exp Date (dd/MON/yr): _____
Languages & fluency level: _____
International Experience Regions(circle): EUR SAM AFR RUS CHINA INDIA AUS SEA

Most Recent / Current Employer: _____ From: _____ To: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

Supervisor: _____ Tel: _____ Fax: _____

Previous Employer: _____ From: _____ To: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

Supervisor: _____ Tel: _____ Fax: _____

Previous Employer: _____ From: _____ To: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

Supervisor: _____ Tel: _____ Fax: _____

List three professional references who can attest to your airmanship, judgement and ability to work with others. They will be contacted.

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Please explain any "Yes" answers to the following questions on the reverse side of this page:

- As PIC or SIC have you had or been involved in any aircraft accidents or incidents? _____ No ___ Yes
 - As PIC or SIC have you had or been found guilty of violating FAA regulations? _____ No ___ Yes
 - Has your automobile driver's license ever been suspended or revoked? _____ No ___ Yes
 - Have you ever been arrested for operating an automobile under the influence of drugs or alcohol or had ANY criminal convictions? _____ No ___ Yes
 - In last five years, have you been involved in any claims or insurable losses? _____ No ___ Yes
-

I certify that all information in this document is current, true and correct and understand that my information will be used for and subject to verification and vetting.

Signed: _____ Date (dd/MON/yr): _____