

## AIRLINE PILOT SUPPLEMENT

Applicant:

**To be completed for each pilot.**

Pilot's Name:

Date of Birth:

Employer:

Job Title:

Job Duties:

**Type of Licenses and Ratings**

License	Rating

Are all pilots full-time professionals?  Yes  No

What percentage of the time is a co-pilot utilized?  %

**FAA Medical Certificate**

Date Issued:

Class:

Waivers (if any):

Has this pilot ever been involved in any aircraft accidents?  Yes, provide details  No

Aircraft Information

Type of Aircraft (Year, Make & Model)	Hours as a Pilot-In-Command Last 12 months	Total Hours as Pilot-In-Command

Date:

Applicant Name

Title

Signature \_\_\_\_\_