

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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 No If yes, explain in detail

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