



HIGH RISK AVOCATIONS

Aviation Activities Questionnaire

Name _____ Date of Birth _____ State _____

1. What type of pilot license do you now have? Student Commercial Private IFR
 Flight Instructor ATR Other _____ Date obtained: _____

2. Date of last FAA medical examination _____

3. Do you have any operational limitations on your medical certificate? Y N
If yes, please provide details _____

4. Total number of solo hours flown as a pilot _____ Date of last flight _____

5. What type(s) of aircraft do you fly? Description: Fixed Wing Rotorcraft Jet Piston
 Turboprop Single-engine Multi-engine Seating Capacity _____
Give make and model _____

6. Have you flown or do you intend to fly a balloon, sailplane, prototype, experimental, ultra light, or personally built or assembled aircraft? Y N *If yes, please describe* _____

7. Have you ever had an aircraft accident, or been grounded, fined, reprimanded, or had your license revoked for violation of air regulations? Y N *If yes, please describe* _____

8. Hours as a pilot, co-pilot, or other crew member:

		Total to Date	Next 12 Months	Last 12 Months	1-2 Years Ago
Not Flying for Pay	Pleasure				
	Personal business transportation				
	Instruction as a Student				
	Other (describe below)				
Flying for Pay	Scheduled passenger airline				
	Non-scheduled airline, charter				
	Freight transportation				
	Employer owned aircraft for employee travel				
	Instructor				
	Crop dusting, seeding, or aerial spraying				
	Active duty (military)				
	National Guard or Reserve				
Other (describe below)					

9. Additional details description: _____

10. Have you ever done or do you contemplate: Hang gliding Parachute Sky Diving or Base Jumping
 Parasailing Wingsuit Flying *If so, please provide complete details (location, number of times, equipment, certifications, etc).* _____

