

PILOT DATA SUMMARY

Pilot's Name: _____ Grade: _____ Unit Charter #: _____

Address: _____ City: _____ State: _____ Zip: _____

CAPSN: _____ Home Phone: () _____ Work Phone: () _____

CAP Membership Expiration Date: _____ Fax Phone: () _____

Medical Certificate Class: _____ Date: _____

Pilot Certificate No.: _____ ATP _____ Comm _____ Priv _____ CFI _____ Instrument _____

Ratings: _____

FCC Radiotelephone Permit Date: _____ CAP Radio Operators Permit #: _____

Date last BFR: _____ Date last instrument check (or # hrs/apchs last 6 mo): _____

Flying Hours:		Total	Last 6 Months
Single engine (tricycle, fixed gear)	_____	_____	_____
Single engine (tail wheel)	_____	_____	_____
Single engine (retractable)	_____	_____	_____
Multiengine	_____	_____	_____
Instrument (actual & simulated)	_____	_____	_____
	Total	_____	_____

CAP Aeronautical Rating: _____ Command Pilot _____ Senior Pilot _____ Pilot _____ Mission Pilot _____

Chief Check Pilot _____ Check Pilot _____ Instructor Pilot _____

Cadet Orientation Pilot _____ Mission Check Pilot _____

DEA Pilot _____ Customs Pilot _____ USFS Pilot _____

Date Last CAPF 5 Flight Check: _____ Date Last Mission Pilot Flight Check: _____

IF YOU OWN AN AIRCRAFT OR HAVE READY ACCESS TO AN AIRCRAFT:

Make/Model: _____ VFR _____ IFR _____ Loran _____ VHF DF _____ VHF FM _____

IN EVENT OF ACCIDENT OR EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____