



Nonmedical Questionnaire

AVIATION (pilot)

Description: Pilot of an aircraft as an occupation or as a hobby.

Age of client: _____

Type of certificate held (please check):

- commercial pilot student pilot private pilot
 recreational airline transport
 other (specify): _____

Expected annual flying hours: _____ Number of solo hours of experience: _____

Type of aircraft: _____

Purpose of flying (check all that apply):

- private/pleasure commercial military flight instruction crop spraying aerial photography
 test pilot survey work stunt flying aerobatic other (specify): _____

Aviation violations: Yes No

If yes, when and provide details: _____

Have you ever had your license revoked or been grounded: Yes No

If yes, when and provide details: _____

Adverse driving history: Yes No

If yes, provide details (date, specific violation): _____

See Adverse Driving History Questionnaire

Do you fly outside of the US when piloting: Yes No

If yes, provide details including frequency, location and reason: _____

See Foreign Travel Questionnaire

Medical impairments: _____

See Medical Questionnaires, if applicable