

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> <small>Year Month Day</small>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

Do you plan to take part in or, in the last 2 years, have you taken part in flights other than as a paying passenger? Yes No

1 What type of licence do you hold?

- Airline transport pilot (ATPL) Flight instructor None Student pilot
 Commercial pilot Instrument flight (IFR) Private pilot

Date issued: /
Year Month

2 Record of flying time and estimation of future flying time

	Accumulated flight hours	Experience		Expected in the next 12 months:
		In the last 12-24 months	In the last 12 months	
NON-REMUNERATED FLIGHTS As pilot, co-pilot or student pilot	_____	_____	_____	_____
REMUNERATED FLIGHTS As crew member or paid employee on duty during flights	_____	_____	_____	_____
MILITARY FLIGHTS As crew member or in another capacity	_____	_____	_____	_____

3 Has your licence ever been suspended? Yes No **If so, date:** /
Year Month

Reason: _____

4 Have you ever been involved in an accident? Yes No

If so, specify. _____

5 What is the purpose of your flights?

- Recreation Commercial: Advertising Chemical spraying Search/rescue
 Aerial photography Forest-fire fighting Other, please specify: _____

6 Type of aircraft used:

- Helicopter Motorized hang glider Multiengine
 Hot air balloon Motorized ultralight Single-engine Other, please specify: _____

Construction: Industrial Home-built

7 Do you expect to make flights different from those made to date? Yes No

If so, specify. _____

8 Have you definitively ceased participation in this sport? Yes No

9 Additional comments: _____

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at _____ on this _____ day of _____ 20 _____ .

X

Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces.

X

Signature of witness