

PILOT APPLICATION

APPLICANT (Balloon Owner) _____

PILOT INFORMATION

Pilot Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Residence Phone # _____ Cell Phone # _____

Work Phone # _____

Date of Birth _____ Gender _____

Occupation _____

% of Income derived from Ballooning _____%

Pilot Certificate # _____

Number of years flying Balloons _____

Current Member of BFA YES NO

Type of Pilot Certificate Student Private Commercial

Ratings & Limitations _____

Date of last Flight Review _____

Total hours flown in balloons as PIC _____

Estimated hours flown in the past 12 month in all balloons _____

Estimated hours to be flown in the next 12 months in all balloons _____

What safety seminars or continuing education have you attended in the last 12 months	Date _____	Location _____	Sponsoring Organization _____
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(Attach proof of attendance)

In the past 5 years have you **(A)** been involved in any aviation accident, incident or loss, including personal injury, damage to property of others or damage to the balloon, whether or not insured? YES NO

(B) been cited for violation of FAR's Federal, State or Local laws as a result of operation of a balloon? YES NO

(C) have you ever been denied a FAA medical certificate? YES NO

(D) been convicted of illegal or excessive use of alcohol or drugs, whether or not while flying? YES NO

Explain all YES answers, including date and complete description of violation or loss and amounts paid or claimed on a separate sheet.

I warrant the truth of the above statements, and that no material information has been withheld.

Signature of Pilot _____ Date _____

Title (if Corp or LLC) _____

Any material misstatement or omission of facts may render you PERSONALLY liable to the applicant or any third party claimant.