

CREW APPLICATION

APPLICANT (Balloon Owner) _____

CREW INFORMATION

Crew Name _____

Mailing Address _____

City _____ State _____ ZipCode _____

Residence Phone # _____ Cell Phone # _____

Work Phone # _____

Date of Birth _____ Gender _____

Crew Position _____

Description of Responsibilities _____

Number of years Crewing Balloons _____

How often do you Crew? _____ times a week, _____ times a month, _____ times a year

Estimated hours crewing in the next 12 month in all balloons _____

Estimated hours crewing in the next 12 months in
Applicant's balloons _____

Are you presently training for a Pilot Certification? YES NO

Is your flying certificate current? YES NO

If YES, what type of Pilot Certificate Student Private Commercial
If Commercial, what type LTA Fixed Wing

List the Pilots and Balloon N#'s you are presently crewing	Pilot	Balloon #
	_____	_____
	_____	_____

What safety seminars or continuing education have you attended in the last 12 months	Date	Location	Sponsoring Organization
	_____	_____	_____
	_____	_____	_____

(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) 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 Crew _____ Date _____

Title (if Corp or LLC) _____