



**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES			YES	NO
1. DO YOU PARTICIPATE IN THE FAA PILOT PROFICIENCY AWARD PROGRAM? If "YES", complete the following and attach certificate. HIGHEST PHASE NUMBER COMPLETED: _____ AIRCRAFT USED: _____ COMPLETION DATE: _____			<input type="checkbox"/>	<input type="checkbox"/>
2. LIST REFRESHER COURSES INCLUDING DATES OF THE LAST COURSE ATTENDED:				
COURSE NAME	DATE	COURSE NAME	DATE	
3. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS OR WAIVERS ON MEDICAL CERTIFICATE?			<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU EVER HAD AN AIRCRAFT ACCIDENT OR INCIDENT OR BEEN PENALIZED FOR ANY FAR VIOLATION?			<input type="checkbox"/>	<input type="checkbox"/>
5. HAS ANY INSURANCE COMPANY OR UNDERWRITER CANCELLED OR REFUSED TO RENEW ANY INSURANCE ON YOUR BEHALF? (Not applicable in MO)			<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU EVER BEEN CONVICTED OF DRIVING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR NARCOTICS, OR OF RECKLESS DRIVING?			<input type="checkbox"/>	<input type="checkbox"/>
7. HAS ANY DRIVERS LICENSE BEEN SUSPENDED OR REVOKED?			<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU UNDER INDICTMENT IN A LEGAL ACTION INVOLVING DRUGS OR NARCOTICS?			<input type="checkbox"/>	<input type="checkbox"/>
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND {NY:SUBSTANTIAL} CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied)				
PILOT'S SIGNATURE			DATE	

**REMARKS**