



## 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