



PILOT'S SUPPLEMENTAL AIRCRAFT QUESTIONNAIRE

① Instructions

THIS FORM MUST BE COMPLETED BY EACH PILOT EMPLOYED BY YOU AND SUBMITTED ALONG WITH SCIF FORM 10790 (EMPLOYER'S SUPPLEMENTAL AIRCRAFT QUESTIONNAIRE). A QUOTE FOR INSURANCE CANNOT BE ISSUED UNTIL ALL APPLICABLE QUESTIONS ON BOTH QUESTIONNAIRES ARE ANSWERED COMPLETELY AND BOTH QUESTIONNAIRES ARE SIGNED, DATED AND RETURNED TO STATE FUND. **PLEASE ATTACH AN ADDITIONAL PAGE IF YOU NEED MORE SPACE TO ANSWER THE QUESTIONS COMPLETELY.**

The following information must be provided by each pilot employed by your company:

Name of Employer _____

Pilot's Name _____ Age _____ FAA Certificate # _____

FAA Pilot Certificate(s) Now Held:	Date Certificate Obtained:	FAA Pilot Rating(s) Now Held:	Date Rating Obtained:
<input type="checkbox"/> Student	_____	<input type="checkbox"/> ASEL (Aircraft Single Engine Land)	_____
<input type="checkbox"/> Private	_____	<input type="checkbox"/> AMEL (Aircraft Multi-Engine Land)	_____
<input type="checkbox"/> Commercial	_____	<input type="checkbox"/> ASES (Aircraft Single Engine Sea)	_____
<input type="checkbox"/> ATR (Airport Transport)	_____	<input type="checkbox"/> AMES (Aircraft Multi-Engine Sea)	_____
<input type="checkbox"/> Flight instructor	_____	<input type="checkbox"/> Instrument	_____

Pilots FAA Medical Certificates: Date Issued _____ Class _____ Waiver _____

As a pilot-in-command or co-Pilot, have you:

Had, or been in any aircraft accident?	If yes, explain fully In Remarks Section
Had any violations of Federal Air regulations?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Had your pilot certificate or Ag applicator certificate suspended or revoked?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has your automobile driver's license ever been suspended?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Drivers License # _____ State _____

Have you ever been arrested for operating an automobile under the
Influence of alcohol or drugs? No Yes

Have you had any automobile accidents within the past 3 years? No Yes

List each aircraft by make/model and the number of hours you have logged as the pilot or pilot-in-command:

Aircraft Make Model	Total Hours	Total Last 12 Months	Total Last 90 days	Total Instrument	Total Night
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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(Complete the following questions if you are involved in agricultural pest control.)

Do you possess a valid pest control aircraft pilot's certificate [] Yes [] No

If yes, what is the designation? [] Journeyman [] Apprentice

Give the date the above pest control aircraft pilot certificate designation was received?

Table with 5 columns: Agricultural flying hours by activity, Total Hours, Last 12 Months, Last 90 Days, Total Night. Rows include Seeding, Fertilizing, Dusting, Spraying, Bird or Fowl Herding, and AG flying hours by make/model of aircraft you have flown.

2 Continued

Has your pest control pilot's certificate ever been revoked or suspended by the Agricultural commissioner?

[] Yes [] No If yes, please explain _____

3 Remarks

REMARKS: _____

4 Signature

To the best of my knowledge and belief the answers provided are true and no material information has been withheld.

Name _____ Date _____ (Please print)

Signature _____ (Pilot's Personal Signature Required)