

## Pilot's Aeronautical History

*\* Please complete this and return to me via e-mail prior to the flight review. This will help me to better customize the flight review towards your experience and needs. \**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Pilot Certificate(s) held:

Private \_\_\_\_\_ Commercial \_\_\_\_\_ ATP \_\_\_\_\_ CFI \_\_\_\_\_  
Medical Certificate Class \_\_\_\_\_ Date Issued \_\_\_\_\_

### Rating(s):

Instrument \_\_\_\_\_ Multi-engine \_\_\_\_\_

### Experience (Pilot):

Total time \_\_\_\_\_ Last 6 months \_\_\_\_\_ Avg. hours/month \_\_\_\_\_  
Time logged since last flight review \_\_\_\_\_ since last IPC (if applicable) \_\_\_\_\_

### Experience (Aircraft):

Aircraft type(s) you fly \_\_\_\_\_  
Aircraft used most often \_\_\_\_\_

### For this aircraft:

Total time \_\_\_\_\_ Last 6 months \_\_\_\_\_ Avg. hours/month \_\_\_\_\_  
Last Annual Date \_\_\_\_\_ Last IFR Cert. Date \_\_\_\_\_  
Last XPDR/ALT Cert. Date \_\_\_\_\_ Last ELT Cert. Date \_\_\_\_\_

### Experience (Flight Environment)

*Since your last flight review, approximately how many hours have you logged in:*

Day VFR \_\_\_\_\_ Day IFR \_\_\_\_\_ IMC \_\_\_\_\_  
Night VFR \_\_\_\_\_ Night IFR \_\_\_\_\_ X-Country \_\_\_\_\_  
Towered \_\_\_\_\_ Non-Towered \_\_\_\_\_

### Type of Flying (External Factors)

*What percentage of your flying is for:*

Pleasure \_\_\_\_\_ Business \_\_\_\_\_ Local \_\_\_\_\_ XC \_\_\_\_\_

### Personal Skills Assessment:

What are your strengths as a pilot? \_\_\_\_\_

What would you most want to practice/improve? \_\_\_\_\_

What are your aviation goals? \_\_\_\_\_