## 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):	one(s):Email:				
Type of Pilot Cer	tificate(s) held•				
Private Commercial			ATP	CFI	
Medical Certificate Class			Date Issued		
Rating(s):					
Instrument	Multi-engine_				
Evnarianas (Dilat	١.				
Experience (Pilot)		,	Ava ho	urs/month	
Total time Last 6 months_ Time logged since last flight review		)	since last IPC (if annlicable)		
Time logged since	last Hight Teview		since last if C (i	1 applicable)	
Experience (Airci	raft):				
	u fly				
Aircraft used most	often				
Tinotate asoa mose	. 01.011				
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		
<b>Experience</b> (Fligh					
Since your last flig	tht review, approximately	how ma	ny hours have yo	u logged in:	
Day VFR	Day IFR	Day IFR			
Night VFR	Night IFR		X-Country		
Towered	Non-Towered		_11 0001111		
			_		
<b>Type of Flying (E</b>	xternal Factors)				
1171	$c \sim c \sim c$				
	of your flying is for:	I a 1	,	VC	
Pleasure	Business	Local_		XC	
Personal Skills As	ssessment•				
	ngths as a pilot?				
Triat are your suc	1154110 410 tt P110t:				
What would you m	nost want to practice/impre	ove?			
	т г				
What are your avia	ation goals?				