

## Request to Use Non-Owned Aircraft on University Business and Pilot History Form

Name of Aircraft Owner		Pilot's Full Name			Pilot's Date of Birth																												
Pilot's Address (Street)		(City)		(State)		(Zip Code)																											
University Affiliation (please circle one): Faculty Staff Graduate Student Student Other (explain) _____																																	
Current Department:		Your Phone #	Your E-mail Address		Your Fax #																												
Drivers License #		State of Issue	PU ID #		Airman's Certificate #.																												
<b>CERTIFICATES / ENDORSEMENTS AND RATINGS (Canadian Only)</b> Student <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Private <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Commercial <input type="checkbox"/> Seaplane <input type="checkbox"/> * Sr. Commercial <input type="checkbox"/> Multi Engine Land <input type="checkbox"/> Airline (ATP)/(ATR) <input type="checkbox"/> Multi Engine Sea <input type="checkbox"/> Instructor <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> * Class <input type="checkbox"/> Helicopter <input type="checkbox"/> Instrument Rating <input type="checkbox"/> Glider <input type="checkbox"/> * Class <input type="checkbox"/> Mechanic Aircraft <input type="checkbox"/> *Night <input type="checkbox"/> Mechanic Power plant <input type="checkbox"/> Other (Specify): _____ _____ Type Ratings / Endorsements (Specify): _____ _____				<b>CIVILIAN -TOTAL HOURS – LOGGED- IN COMMAND</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2">Aircraft</th> <th colspan="3">Piston</th> <th rowspan="2">Turbo Prop</th> <th rowspan="2">Jet</th> </tr> <tr> <th>Land</th> <th>Sea</th> <th>Amph</th> </tr> <tr> <td>Single Eng Fixed Wing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multi Eng Fixed Wing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rotary Wing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Aircraft	Piston			Turbo Prop	Jet	Land	Sea	Amph	Single Eng Fixed Wing						Multi Eng Fixed Wing						Rotary Wing					
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Fixed Wing																																	
Rotary Wing																																	
Medical Class and Date of Expiration				Date of Last Biannual or Annual Flight Review																													
<b>BREAKDOWN OF IN-COMMAND EXPERIENCE BY MAKE AND MODEL</b> (Please specify makes and models and whether land, sea, or amphibiant)																																	
List Make and Model (One per line – must include Make and Model aircraft being used)		Total Logged Hours																															
		Total Hours	Last 90 Days	VFR Last 12 months	IFR Last 12 months																												
Total Logged Hours for Tail wheel Equipped Aircraft:		Total Pilot-In-Command Hours of All Multi – Engine Aircraft:		Approximate Number of Water Landings and Take-Offs Made During the Last 12 Months:																													
Specify Make and Model for Which Trip Approval is Sought																																	
Where and When Did You Learn to Fly?(Give year, place and school or course completed)																																	
List Manufacturer's Approved, Initial Ground & Flight Schools and Dates Attended (Specify by Model)				If you are not currently enrolled in a recurrent Flight Training Program, please complete this section only with respect to your most recent Flight Proficiency Check Flight in the Insured Aircraft Make and Model.																													
School	Model	Dates																															
				Was it: <input type="checkbox"/> VFR <input type="checkbox"/> IFR		Date																											
				Name of Facility Providing Proficiency Check Flight:																													
Are you enrolled in any recurrent Flight Training Program? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, specify make and model aircraft, the facility affording the training, their location and number of recurrent training programs completed annually by you _____ _____																																	

PLEASE EXPLAIN EACH "YES" ANSWER	
1. Do you have any physical impairments or do you have any waivers, limitations or conditions attached to your Medical Certificate?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
2. Has your FAA or DOT or Military Pilot Certificate ever been suspended or revoked?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
3. Have you ever been cited for any violations of Federal or Canadian Air Regulations or any license limitations?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
4. Is there any open or pending investigation through the FAA or DOT surrounding any aircraft accident you have had recently?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
5. Arising out of the operation of a motor vehicle, has your driver's license ever been suspended or revoked?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
6. Have you ever been convicted of or plead guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
7. Have you ever had an application for aircraft hull or liability insurance declined by an insurance company?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
8. Does the aircraft you intend to fly have an FAA standard airworthiness certificate?	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <hr/>
9. Please tell us the purpose of your flight. <hr/> <hr/> <hr/>	
10. Where are you traveling and for what time period? Location or points of travel. <hr/> <hr/> <hr/>	
11. How many passengers will be in the aircraft with you and who are they? <hr/> <hr/> <hr/>	
12. Have you filed any aviation claims in the last three years? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, give dates and brief summary of circumstances: <hr/> <hr/> <hr/>	
13. I Certify that the above information is a true and accurate representation of my experience and training as a pilot. Pilot Signature: _____ Date: _____	

You must submit this fully completed document at least two weeks prior to your anticipated flight. You must attach a copy of your driver license, your Medical Certificate, and the Certificate of Insurance evidencing required insurance coverage. Documents should be sent to Risk Management via fax- 765-496-1338