



CONFIDENTIAL PILOT INFORMATION FORM

ROTARY WING

Complete this form for **every** pilot representing your company in this non-exclusive Standing Offer Agreement.

Last Name (print):	First Name:	Employer:
Aviation Document Issue Date:	Aviation Document Expiry Date:	Aviation Document Licence Type (e.g. AH or CH):

Aviation Document Information

LICENCE INFORMATION

Licence No.:	Class of Licence:	Instrument Rating Group:
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Hourly Flying Experience

Aircraft Type by Make/Model e.g.: Bell 206B/Airbus AS350	Total Hours on Type	PIC Hours	Fixed Floats	PPC Expiry Date	Geographic Area of Operation (indicate any Arctic experience)
TOTAL					

Training Received and Other Experience (DATE you received training (MM/YYYY) and experience (hours))

Bucketing	Date	Hours	Long-Lining	Date	Hours	Fixed Float Training	Date	Hours	Mountain Flying	Date	Hours	Gun-Netting	Date	Hours
Infrared Scanning			Entering/ Leaving Helicopter in Flight			Aerial Ignition			Wildlife Survey			Aerial Capture		

Declaration

I certify that the information entered on this form is true to the best of my knowledge and belief

Pilot's Signature:

Date:

This Section to be Filled Out by Employer

To the best of my knowledge, I certify that all information entered on this form to be correct. The above-named pilot has been approved by the company's chief pilot to operate the type(s) of aircraft listed and to perform all indicated specialty flying.

Name of Authorized Representative (Please Print):	Signature of Authorized Representative:
Title:	Company:
	Date: