



## 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)
<b>TOTAL</b>					

### 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: