



Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address | Phone | E-mail | Class  Medical | Country Passport and/or Clearance |
|  |  |  |  |  |
| Formal International Training | International Region  Ops Experience | Airline or Govt.  Experience | Max Time  Away | Languages |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Aircraft | PIC Hours | SIC / FE  Hours | Last 12 / 24 Mos. | | Last PC Check | Check Airman  Y / N |
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**Insurance Requirements**: Any past history of accidents, incidents, or violations? Y / N

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| --- | --- | --- | --- | --- | --- |
| Dates | Employer | City, State | Position | Aircraft Flown | Reason for leaving |
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\*This is a preliminary review of your Pilot Qualifications. Prior to dispatch you will be asked to send us copies of your

Pilot Certificate, Medical, and Passport as well as a signed Contract.

Your Comments:

