



Date:

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| --- | --- | --- | --- | --- |
| Name and Address | Phone |  E-mail | ClassMedical | Country Passport and/or Clearance |
|  |  |  |  |  |
| Formal International Training | International RegionOps Experience |  Airline or Govt. Experience | Max TimeAway |  Languages |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Aircraft | PIC Hours | SIC / FEHours |  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:

