

TOW PILOT RECORD FORM

1. Pilot: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Phone #: Residence _____ Business _____ Fax _____
5. Birth Date _____ Age _____ Occupation _____
6. a. Pilots License Number _____ **b. Date of last flight review** _____
7. Glider Licenses: Student Private Commercial Other _____
8. Have you been under a Doctor's care for any physical or mental disorder within the last three years?
 Yes No If yes, explain: _____

9. Power Licenses: Student Private Commercial Other _____
10. Date of last medical? _____ Class _____
11. Total Hours: Glider _____ Power _____ Motorglider _____
12. Glider Flights
 - a. Total number of flights in all gliders: _____
 - b. Number of flights in 34:1 or less glide ratio: _____
 - c. Number of flights in 35:1 or greater glide ratio: _____
 - d. If applicable, total flights in make and model being insured: _____
13. Tow planes: (if applicable)
 - a. Total power tail wheel time? (If applicable.) _____
 - b. Total time in PA25-235? _____
 - c. Total tows given? _____ How many in PA25-235? _____
14. Any aviation accidents or FAR violations? Yes No If yes, please provide details.

15. Any convictions, suspensions, or revocations for use or possession of drugs, reckless driving or drunk driving?
 Yes No If yes, please provide details. _____

16. During the past three years, has any insurer cancelled or declined any insurance issued or requested by the applicant? Yes No If yes, explain _____

17. Do you use the insured aircraft for other than personal pleasure? Yes No If yes, explain.

Signature: _____ Date _____

Reference: Spokane Soaring Policy # SS3395810-11