

6625 W 78th Street, Suite 210 Bloomington, MN 55439 Ph: 952.746.4853 Fax: 952.746.4858

PILOT APPLICATION

PILOT INFORMATION	-	Pilot Name					
	N	lailing Address					
		3					
City Residence Phone # Work Phone #			State ZipCode Cell Phone #				
			Date of Birth				Gende
Occupation							
% of Income derived from Ballooning			%				
	Pilo	ot Certificate #					
Number of years flying Balloons							
Current Member of BFA			☐ YES ☐ NO	0			
Type of Pilot Certificate			☐ Student	☐ Private	☐ Commercial		
Ratings & Limitations							
Class 2 Medical			☐ YES ☐ NO	0			
		t Flight Review					
		alloons as PIC					
Estimated hours flown in the past 12							
Estimated hours to be flown in the next 12							
What safety seminars or continuing education have you attended in the last 12 months			Date —————	Location — ————	Sponsoring Org	ganization	
			(Attach proof of	f attendance)			
In the past 5 years have you	i		olved in any aviation accident, incident or loss, including personal Image to property of others or damage to the balloon, whether or ed?				□NO
	(B) l	<u> </u>				☐ YES	□ NO
		peen convicted of not while flying? Explain all YES an	fillegal or excessiv	date and complete	edical certificate? YE use of alcohol or drugs, whether or YE ate and complete description of violation I on a separate sheet.		□ NO
I warrant the truth of the above	statem	ents, and that no	o material informa	ation has been with	held.		
Signature of Pilot				Date			
Title (if Corp or LLC)							

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