PILOT DATA SUMMARY

Name: _____ Grade: _____ Charter: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ CAP Membership Expires: _____

Cell Phone: _____ CAP Radio Operator Permit #: _____

Work Phone: _____

FCC Permit Date: _____ WA State Pilot Cert Expires: _____

Pilot Certificate #: _____ Medical Certificate Class: _____ Date: _____

Pilot Ratings: ☐ ATP ☐ COMM ☐ PRIV ☐ INST ☐ CFI

Last Instrument Check – Date: _____ Last BFR – Date: _____

Other Ratings: _____

Date of Last CAPF 5 Check Flight: _____ Name of Check Pilot: _____

Type of Aircraft: _____ Questionnaires: _____

List initial CAP Form 5's and Questionnaires in Pilot's File:

_____ _____

_____ _____

Date of Last Msn Pilot Check Flight: _____ Name of Check Pilot: _____

Date of Last Mission (Actual or Training): _____

CAP Aeronautical Ratings:

	☐ Instructor Pilot	☐ Counter Drug Pilot
☐ Command Pilot	☐ Senior Pilot	☐ Pilot
☐ Cadet Orientation Pilot	☐ AFROTC Orientation Pilot	☐ Chief Check Pilot
☐ Mission Pilot	☐ Mission Transport Pilot	☐ Mountain Qualified
☐ Check Pilot	☐ Mission Check Pilot	☐ Chief Check Pilot

Flying Hours:	TOTAL	PIC	Last 6 Months*
Single engine (Tricycle gear/fixed gear):			
Single engine (Tail wheel):			
Single engine (Retractable gear):			
Other (SES, MES, HEL, Glider):			
Multiple engine:			
Total:			
Instrument (Actual and Simulated):			

* Flying Hours in last 6 months are from report date in top right-hand corner of form.

Pilot's Certification: The above information is true and correct and is supported by my pilot log book and other documents.

Pilot's Signature: _____ Date: _____

Pilot's Printed Name:

Pilot's Unit Commander Certification: I have verified the above information from supporting documents. I certify that pilot records required by CAPR 60-1 for this pilot are on file at the unit.

Commander's Signature: _____ Date: _____

Commander's Printed Name: