

LIGA INTERNATIONAL, INC.

Pilot Questionnaire

Name _____
 Address _____
 City _____ Zip _____

 Phone (home) _____
 Phone (work) _____
 Phone (fax) _____
 email _____

Pilot Certificate: Type _____ No. _____
 Issue Date _____ Rating(s) _____
Medical: Class _____ Expires _____
 Limitations _____

Emergency Notification: Name _____ Relationship _____
 Phone(s) _____

Pilot Experience (hours)

| | SEL | MEL | INSTRUMENT | | NIGHT | X-COUNTRY |
|------------|-----|-----|------------|-------|-------|-----------|
| | | | ACTUAL | OTHER | | |
| TOTAL | | | | | | |
| Last 12 mo | | | | | | |

Date of: BFR _____ Check ride _____
 Currency: IFR _____ Night _____ # Passengers _____

AIRCRAFT INFORMATION:

Type _____ Rent _____ Own _____
 Based at _____ Model _____ If Owned - N _____
 TSOH#1 _____ TSOH#2 _____ TTSN _____
 Annual _____ TBO _____
 Prop TBO _____ / _____ TSPOH#1 _____ hrs/date _____
 # Passenger seats available _____

Number of dirt strip landings in last twelve (12) months _____ Full tank range w/reserve _____ hrs
 Number of flights to Mexico in last two (2) years _____ Cabin capacity w/full tanks _____ lbs

INSURANCE INFORMATION:

US Carrier _____ Expires _____
 Coverage: Passenger Limit \$ _____ Total Limit \$ _____
 Property \$ _____ Medical \$ _____
 Mexican Carrier _____ Expires _____

If you answer yes to any of the following, explain on a separate sheet:

- _____ Have you ever had an aircraft accident and/or incident as pilot or crew member regardless of FAA disposition?
 _____ Have you ever had aircraft insurance denied and/or revoked?
 _____ Have you ever applied for a medical certificate and had it denied or had your medical certificate suspended and/or revoked?
 _____ Have you been found guilty or even "cited", in the past three (3) years of driving a motor vehicle while under the influence of alcohol and/or drugs?

 Date

 Signature