



(623) 252-4113  
www.DWAviation.us

**New Student Information Sheet**

Pilot's Name	_____
Pilot's Address	_____
Pilot's Weight	_____
Telephone Number	_____
Email Address	_____
Birthdate	_____
Pilot Cert. Number	_____
FTN Number	_____
Driver's License # & State	_____ Exp. Date _____
Passport Country & #	_____ Exp. Date _____

<b>Please mark all which you have.</b>	
No Pilot Certificate	<input type="checkbox"/>
Student Pilot	<input type="checkbox"/>
Private Pilot	<input type="checkbox"/>
Commercial Pilot	<input type="checkbox"/>
CFI	<input type="checkbox"/>
CFI-I	<input type="checkbox"/>
MEI	<input type="checkbox"/>
Type Rating	<input type="checkbox"/>
High Performance	<input type="checkbox"/>
Complex	<input type="checkbox"/>
Other	<input type="checkbox"/>

<b>FLIGHT REVIEW</b>		<b>FAA FLIGHT MEDICAL</b>	
Date of Last Flight Review _____ Aircraft _____		Issue Date _____ Class _____	
Date of Last IPC _____ Aircraft _____		Waivers or Limitations: _____	
<b>Aeronautical Experience Summary</b>			
Total Logged Hours in ALL Aircraft		Total Logged Hours in the Last 12 Months	
Total Logged Hours in Multi-Engine		Total Logged Hours in Helicopters	
Total Logged Hours in Turboprop		Total Logged Hours in Piston Helicopters	
Total Logged Hours in Turbojet		Total Logged Hours in Turbine Helicopters	
Total Logged Hours in Retractable Gear		Total Logged Hours in Gyroplanes	
Total Logged Hours in Tail Wheel		Total Logged Hours in Center Line Thrust	
Total Logged Hours in Seaplane		Total Dual Instruction Given	
Type Ratings		Other	

Insurance Policy Aircraft Make/Model	Total Hours in Aircraft	Last 12 Months	Date and Location of Last Training
1.			
2.			

**BACKGROUND INFORMATION (Please explain any "Yes" responses on back.)**

- Have you ever had an aircraft claim, incident, or accident? Yes  No
- Has any insurance company cancelled, declined, or refused to renew any aviation insurance to you? Yes  No
- Do you have any convictions, suspensions, or revocations relating to driver's license or airman's certificate for FAR violations, use or possession of controlled substances while intoxicated? Yes  No

I understand that by signing below, I am agreeing that all statements on this form are complete and true to the best of my knowledge.

Pilot's Signature \_\_\_\_\_ Date \_\_\_\_\_