

# Alabama Self-Insured Worker's Compensation Fund

## Aircraft Pilot Application

To Be Completed For Each Pilot.

Pilot's Name:
Date of Birth:
Employer:
Job titles and duties:
Type of license and ratings:
Are all pilots full-time professionals?
What percentage of the time is a co-pilot utilized?

**FAA Medical Certificate:**

1)	Date Issued:
2)	Class:
3)	Waivers (if any):

Have any of the pilots ever been involved in any aircraft accidents? If so please provide details.	
Has the pilot's license ever been suspended? If so please provide details.	
Has the pilot ever been cited for any violations of FAA regulations? If so, please provide details.	

**Pilot Experience**

	Type of Aircraft ( Year, Make & Model)	Hours as Pilot-in-Command Last 12 months	Total Hours as Pilot-in-Command
1)			
2)			
3)			
4)			

Submitted by:	
Date:	
Company:	