

**UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY**

**ITEMIZED PILOT-IN-COMMAND / PRIMARY OPERATOR EXPERIENCE WITH UNMANNED AIRCRAFT**

UAS GROUP	MAKE(S) & MODEL(S)	NUMBER OF MISSIONS FLOWN / LAUNCHES / RECOVERIES			
		TOTAL	LAST 90 DAYS	LAST 30 DAYS	LAST 12 MONTHS
INSURED MAKE AND MODEL		/ /	/ /	/ /	/ /
GROUP 1 (MGTOW 0-20 lbs.)		/ /	/ /	/ /	/ /
GROUP 2 (MGTOW 21-55 lbs.)		/ /	/ /	/ /	/ /
GROUP 3 (MGTOW < 1,320 lbs.)		/ /	/ /	/ /	/ /
GROUP 4 (MGTOW > 1,320 lbs.) (OPERATING ALT. < FL180)		/ /	/ /	/ /	/ /
GROUP 5 (MGTOW > 1,320 lbs.) (OPERATING ALT. > FL180)		/ /	/ /	/ /	/ /

**MANNED AIRCRAFT PILOT EXPERIENCE AND CURRENCY (APPLICABLE FOR CERTIFICATED PILOTS)**

**Total Logged Pilot-In-Command hours for all manned aircraft** \_\_\_\_\_

**Total Logged hours in all manned aircraft** \_\_\_\_\_

**ITEMIZED PILOT-IN-COMMAND HOURS OF MANNED AIRCRAFT**

CLASS	MAKE(S) & MODEL(S)	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
FIXED WING SINGLE ENGINE PISTON						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER						
GLIDER / BALLON						

Date of last logged satisfactorily accomplished Biennial Flight Review (if applicable): \_\_\_\_\_ Make and Model \_\_\_\_\_

Date of last logged satisfactorily accomplished Pilot Proficiency Exam (if applicable): \_\_\_\_\_ Make and Model \_\_\_\_\_

Date of last logged satisfactorily accomplished Instrument Proficiency Check (if applicable): \_\_\_\_\_ Make and Model \_\_\_\_\_

**FLIGHT & GROUND SCHOOL TRAINING COURSES APPLICABLE TO MANNED AIRCRAFT**

Name & Location of School	Type of Aircraft	Date	Graduated
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			

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