

# Yolo County Sheriff Aero Squadron Pilot Information



Pilot Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zipcode

Pilot Certificate #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Ratings:  SEL  Instrument  CFI  
 MEL  Commercial  CFII  
 ATP

Medical Certificate:  First  Second  Third Class

Date of Last FAA Medical \_\_\_\_\_  
Date FAA Examiner's Designation Number

Date of Last BFR: \_\_\_\_\_

Issuing Instructor/Examiner: \_\_\_\_\_  
Name Certificate #

Total Time: \_\_\_\_\_ Hours C-172: \_\_\_\_\_

Pilot in Command: \_\_\_\_\_ Hours C-182: \_\_\_\_\_  
High

Last 12 months: \_\_\_\_\_ Performance: \_\_\_\_\_

Last 90 days: \_\_\_\_\_ Complex: \_\_\_\_\_

Have you had any of the following:

- Yes  No Had any accidents/incidents/FAR Violations in the last 10 years
- Yes  No Ever had any license limitations or waivers imposed
- Yes  No Received additional training or ratings within the last 12 months
- Yes  No Ever had any motor vehicle felony convictions
- Yes  No Had a motor vehicle license suspension within the last 10 years

I certify under the penalty of perjury that the information I have provided above is correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_