

Use this form to disclose any history of substance use, both prescribed and recreational.

A – AVIATION QUESTIONNAIRE

PILOTS ONLY

Do you hold a valid FAA Medical Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What class	Original issue date
Was the medical certificate issued under a special issuance or with any restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes	<input type="checkbox"/> Special Issuance <input type="checkbox"/> Restriction <input type="checkbox"/> For what condition?		
Do you hold a valid FAA Airman Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What type?	<input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Airline transport		
What class?	<input type="checkbox"/> Airplane <input type="checkbox"/> Rotocraft <input type="checkbox"/> Glider <input type="checkbox"/> Powered lift <input type="checkbox"/> Lighter than air <input type="checkbox"/> Other		
What rating?	<input type="checkbox"/> Single Engine <input type="checkbox"/> Multi-engine <input type="checkbox"/> Instrument rating <input type="checkbox"/> Sea <input type="checkbox"/> Land <input type="checkbox"/> Other		
What is the make and model of the primary aircraft that you currently fly?	Make	Model	
Who owns the aircraft listed above?	If self, do you have a valid aircraft insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been in any aviation accidents; received any FAA safety violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details.			

FLIGHT TIME IN HOURS

Total Time	All Aircraft	Primary Aircraft	Hours of IFR Flying	Military - Primary Aircraft	If Flown Rotorcraft	Glider
Pilot in Command (PIC)						
Instructor						
Last 24 months						
Last 12 months						
Total Time						
Next 12 months						

CREW MEMBERS ONLY

Describe duties aboard the aircraft

What is the make and model of the primary aircraft that you are a crew member of?	Make	Model
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Flight Time In Hours

Last 24 months	Last 12 months	Total Time	Next 12 months
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FUTURE FLIGHT PLANS (ALWAYS COMPLETE)

Do you plan to fly a different aircraft within the next 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, provide details:	Make	Model	Anticipated date
Within the next 24 months, do you plan that your future flying will be of a different nature, including aerobatic flight, stunt flying or racing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide details:			
Additional Information			

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C – CLIMBING QUESTIONNAIRE

How long have you been mountain climbing?	Date of last climb
Total number of climbs	Average height climbed
Are you a member of a climbing club? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of club:
Do you ever climb solo or free (without use of climbing aids)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details:	
Countries outside the U.S. where you have climbed or intend to climb:	
Geographic regions you have climbed in	
<input type="checkbox"/> Arctic <input type="checkbox"/> Antarctica <input type="checkbox"/> Himalayan <input type="checkbox"/> Other (describe)	
Type(s) of terrain involved climbing	
<input type="checkbox"/> Rock <input type="checkbox"/> Artificial climbing wall <input type="checkbox"/> Snow/ice <input type="checkbox"/> Other (describe)	
Do you have any plans to climb in other/different regions or terrains in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details (including each location planned, increase in altitude, time of year, climbing style, etc.)	
Season(s) of the year when you climb <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
Any climbs above 13,000 feet (4,000 meters)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details including total number of climbs, heights attained, frequency and safety equipment used.	
Additional Information	

D – DIVING QUESTIONNAIRE

Date of last dive				
Diving history				
	Last 12-24 Months		Next 12 Months	
Depth Attained	# of Dives	Average Time	# of Dives	Average Time
Less than 50 feet				
50-100 feet				
101-150 feet				
Greater than 150 feet				
Do you plan any future dives? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide information about your diving experience qualifications:			
When did you learn to dive?				
Are you an active member of a diving club? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of club:			
Are you a certified diver? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, level and issuer of certification:			
Have you suffered any illness or injury due to diving? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:			
Do you use mixed gas equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what types and frequency of use:			
What is the maximum depth you have dived to, and reason for that dive?				

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Do you dive alone? Yes No If yes, how often and under what conditions:

Where do you dive? Environment type (Check all that apply.)
 Open ocean Deep sea Coastal waters Lakes Rivers Quarries Other (please describe)

Location (state/country):

Do you participate in any of the following? (Check all that apply.)

Wreck diving (observation, salvage, photography or exploration) Treasure diving Depth record attempts
 Diving at high altitudes (i.e. mountain lakes) Ice diving Cave or sink hole diving Rescue attempts

If you checked any of the above, provide full details including how often:

Additional Information

R – RACING QUESTIONNAIRE

BACKGROUND DETAILS

How long have you been racing?	Date of your last race	Total number of races
What type of vehicle is being driven?	<input type="checkbox"/> Automobile <input type="checkbox"/> Motorcycle <input type="checkbox"/> Boat <input type="checkbox"/> Snowmobile <input type="checkbox"/> Other	
What kind of track do you race on?		
Automobile	<input type="checkbox"/> Permanent/Paved Road Course <input type="checkbox"/> Permanent/Paved Oval <input type="checkbox"/> Hill Climb <input type="checkbox"/> Drag Strip <input type="checkbox"/> Temporary/Paved Road Course <input type="checkbox"/> Temporary Oval <input type="checkbox"/> Off-Road <input type="checkbox"/> Other	
Motorcycle	<input type="checkbox"/> Permanent/Paved Road Course <input type="checkbox"/> Permanent/Paved Oval <input type="checkbox"/> Hill Climb <input type="checkbox"/> Drag Strip <input type="checkbox"/> Super Cross <input type="checkbox"/> Motocross <input type="checkbox"/> Temporary/Paved Road Course <input type="checkbox"/> Temporary Oval <input type="checkbox"/> Off-Road <input type="checkbox"/> Other	
Boat	<input type="checkbox"/> Closed Course (Inland) <input type="checkbox"/> Closed Course (Ocean) <input type="checkbox"/> Open ocean	
Snowmobile (explain):		
Other (explain):		
Are the events you participate in sanctioned by any regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, provide name of sanctioning body:		
What specific safety requirements are mandated by the sanctioning body?	<input type="checkbox"/> Roll Cages <input type="checkbox"/> Hand and Neck Restraints <input type="checkbox"/> Onsite Medical Personnel <input type="checkbox"/> Other	
Have you had any formalized training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please list racing schools:		
Is participation in the above racing your:	<input type="checkbox"/> Occupation <input type="checkbox"/> Avocation (not primary source of income)	

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Have you been involved in any accidents that required hospitalization as a result of your racing? Yes No

If Yes, please describe:

VEHICLE DETAILS

Generic type (e.g., drag racer, stock, hydrofoil):	Make	Model	
Engine Displacement (cc)	Horsepower	Average Speed (mph)	Maximum Speed (mph)
Additional Information			

G - GENERAL AVOCATION QUESTIONNAIRE

Description of Activity:

Frequency of Activity (times per year):	Date of last activity:
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Experience Less than one year One to three years More than three years

Certificate or license required? Yes No If yes, please describe:

Are you a member of any related club or association? Yes No

If yes, please describe:

Is safety equipment used or required? Yes No

If yes, please describe:

Have you engaged in exhibitions stunting exploration rescue dare-devil record-setting activities

Do you have any future plans to engage in exhibitions stunting exploration rescue dare-devil record-setting activities

Do you participate or plan to participate in any avocation outside the United States? Yes No

If yes, please describe:

For aerial avocations only:

Average height for participation: _____ ft. and duration: _____

Maximum height for participation: _____ ft. and duration: _____

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