



SUMMARY OF FLYING EXPERIENCE

SN	Preliminary Information:	
1	Name of Applicant:	
2	Address of Applicant:	
3	Type of Licence held:	License Number:
4	Name of Employer (If Applicable) :	
5	Start Date:	End date:

TYPE	DAY			NIGHT		
	PIC	Co-pilot & Student pilot	PIC U/S	PIC	Co-pilot & Student pilot	PIC U/S
TOTAL TIME TO DATE		INSTRUMENT FLYING	Actual Link		CROSS COUNTRY:	

Applicants Signature:	Date:
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