

MUST BE SUBMITTED WITH RESPONSE
APPENDIX E - PILOT INFORMATION SHEET

Last Name: _____ First Name: _____ Initial: _____ Mobile Number: _____
 F/W License #: _____ R/W License #: _____

1. QUALIFICATIONS (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Airline Transport License | <input type="checkbox"/> <input type="checkbox"/> Flight Instructor Rating | <input type="checkbox"/> <input type="checkbox"/> Night Rating |
| <input type="checkbox"/> <input type="checkbox"/> Commercial License | <input type="checkbox"/> <input type="checkbox"/> Instrument Rating | <input type="checkbox"/> <input type="checkbox"/> Seaplane Rating |
| <input type="checkbox"/> <input type="checkbox"/> Private License | <input type="checkbox"/> <input type="checkbox"/> Multi- Engine Rating | |

2. SPECIALTY TRAINING

TRAINING	AGENCY/COMPANY	COURSE DATE
Company Aviation Safety Officer (CASO)	_____	_____
Mountain Flying	_____	_____
Pilot Decision Making	_____	_____
Other _____	_____	_____

3. EXPERIENCE (Check all that apply)

- CIFFC General Wildfire Knowledge Modules Completed Low Visibility Flight Requirements Met

Aircraft Type	PIC Hours	Total Hours	Mtn Flying (% Time)	Float Flying (% Time)	R/W Confined Areas	R/W External Load Short Line	R/W Hover Exit	R/W Mountain Flying	R/W A.I.D. Drip Torches	R/W Class D External	R/W External Load Long Line
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	_____	_____									

4. SPECIALTY EXPERIENCE (Enter hours)

- | | | | | |
|------------------------------|-----------------------------|-----------------------------|----------------------------|--------------------------------|
| _____ Aerial Application | _____ Aerial Hoisting | _____ Aerial Ignition | _____ Aerial Photography | _____ Birddog R/W HLCO |
| _____ Birddog Fixed Wing | _____ Class D External Load | _____ Cone/Scion Collection | _____ Detection Patrol | _____ Fish & Wildlife Tracking |
| _____ Fish & Wildlife Survey | _____ GIS Mapping | _____ GPS Mapping | _____ Helicopter Bucketing | _____ Helitanker |
| _____ Hover Exit | _____ Infra Red | _____ LiDAR Mapping | _____ Logging | _____ Medevac |
| _____ Photography | _____ Paper Trail | _____ Rappel | _____ Wildlife Capture | _____ VCR Recon |

5. PAST EMPLOYMENT (List last two employers)

YEAR	EMPLOYER/COMPANY NAME	PROVINCE	SUPERVISOR'S NAME
_____	_____	_____	_____
_____	_____	_____	_____

As at the date of execution of this document, you represent and warrant to the Province, except to the extent you have previously disclosed otherwise in writing to us, all information (including as part of any competitive process resulting in this information being entered into) are in all material respects true and correct. Falsification or misrepresentation will result in removal from the Select List.

_____ (PILOT SIGNATORY)	_____ (PRINTED NAME OF PILOT)
Date: _____	
_____ (RESPONDENT OR AUTHORIZED SIGNATORY)	_____ (PRINTED NAME OF RESPONDANT OR SIGNATORY & POSITION)
Date: _____	