

MUST BE SUBMITTED WITH RESPONSE

APPENDIX E – PILOT INFORMATION

Last Name: _____ First Name: _____ Initial: _____ Mobile Number: _____

F/W License #: _____ R/W License #: _____

1. QUALIFICATIONS (Check all that apply)

F/W	R/W		F/W	R/W		F/W	R/W	
		Airline Transport License			Flight Instructor Rating			Night Rating
		Commercial License			Instrument Rating			Seaplane Rating
		Private License			Multi Engine Rating			

2. SPECIALTY TRAINING

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

3. EXPERIENCE (ENTER HOURS AND/OR CHECK ALL THAT APPLY)

CIFFC GENERAL KNOWLEDGE MODULES COMPLETED

LOW VISIBILITY FLIGHT REQUIREMENTS MET

Aircraft Type	PIC Hours	Total Hours	Float Flying Hours	Mtn. Flying (% Time)	R/W Confined Areas	R/W External Load Short Line	R/W Hover Exit	R/W Mountain Flying	R/W External Load Long Line	R/W Class D External	R/W A.I.D. Drip Torches
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, the Respondent represents and warrants to the Province that all information provided to the Province is true and correct in all material respects. Falsification or Misrepresentation will result in removal from the SO List.

Pilot Signature:	Printed Name:
Date:	
Ops Mgr or Chief Pilot Signature:	Printed Name:
Date:	