

APPENDIX D1 – ROTARY WING PILOT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Mobile Phone Number: _____ Helicopter Licence Number: _____

1. HELICOPTER QUALIFICATIONS *(Check all that apply)*

Airline Transport Licence Flight Instructor Rating Multi Engine Rating
 Commercial Licence Instrument Rating Night Rating

2. SPECIALTY TRAINING

TRAINING	AGENCY/COMPANY	COURSE DATE
Mountain Flying (mandatory)		
Crew Resource Management		
Pilot Decision Making		
NVIS Trained (Indicate Basic or Advanced)		
Other:		

3. EXPERIENCE & HAC COMPETENCIES *(Enter hours where directed and check all Competencies that apply)*

CIFFC GENERAL WILDFIRE OPERATIONS KNOWLEDGE – online training modules completed

LOW VISIBILITY FLIGHT – requirements met

MINIMUM OF 100 HOURS MOUNTAIN FLYING PIC WITHIN THE LAST 3 YEARS

Aircraft Type	Pilot in Command Hours	Total Hours	Mountain Flying PIC Hours	Float Flying PIC Hours	Confined Areas	Mountain Flying	Hover Exit	External Load Long Line	Class D External Load	AID & Drip Torching
					<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"/>
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					<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"/>
Totals:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. SPECIALTY EXPERIENCE *(Enter PIC hours)*

Aerial Application		Aerial Hoisting		Aerial Ignition - Helitorch		Aerial Ignition – PSD Machine		Aerial Photography	
Class D External Load		Cone/Scion Collection		Cargo Transport		Detection/Patrol		Fish&Wildlife Tracking/Telemetry	
Fish&Wildlife Survey		Float Capability		GIS Mapping		GPS Mapping		Grappling	
HLCO/RW Birddog		Helicopter Bucketing		Helicopter Tanking		Infrared Scanning		LiDAR Mapping Capable	
Helicopter Logging		Tree-Topping		Suspended Load		Medevac		NVIS Aided Night VFR	
Personnel Transport		Vertical Reference		Wildlife Capture		Wildlife Translocation			

5. PAST EMPLOYMENT *(List last two employers)*

YEAR(S)	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 General Service Agreement. (Complete all areas below)**

Signature of Pilot:	Date:
Signature of Operations Manager or Chief Pilot:	Date:
Printed name of Operations Manager or Chief Pilot:	