

APPENDIX D2 – FIXED WING PILOT INFORMATION

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

1. AEROPLANE QUALIFICATIONS (Check all that apply)

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

2. SPECIALTY TRAINING

TRAINING	AGENCY/COMPANY	COURSE DATE
Mountain Flying (mandatory)		
Crew Resource Management		
Pilot Decision Making		
Other:		

3. EXPERIENCE

Aircraft Type	Pilot In Command Hours	Total Hours	Float Flying Hours	Mountain Flying % of Time
Totals:				

4. SPECIALTY EXPERIENCE (Enter hours)

Aerial Application		Aerial Photography		Fixed Wing Birddog		Detection Patrol		Fish/Wildlife Survey	
Fish/Wildlife Tracking		GIS Mapping		GPS Mapping		LiDAR Mapping		Medevac	
Paper Trailing		Smokeyumping Operations							

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 Standing Arrangement. (Complete all areas below)

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