

PILOTS QUESTIONNAIRE



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A) Personal Information

Surname		Full Names			
Date of Birth		Occupation			
Postal Address					
Tel (Home)	Tel (Office)	Fax	Mobile	Email	

B) License Details

Type of License	Number	Date of Issue	Expiry Date
Restrictions			
Instrument Rating <input type="checkbox"/> Yes <input type="checkbox"/> No	Night Rating <input type="checkbox"/> Yes <input type="checkbox"/> No	Instrument Safety Pilot Rating <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructors Rating Grade <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> N/a	Test Pilot Rating Class <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> Post Maintenance <input type="checkbox"/> N/a		
Other (such as Game / Sling etc)– Please Specify			

C) Flying Experience (FIXED WING AND ROTAR WING ONLY)

	Fixed Wing Aircraft				Rotor Wing Aircraft			
	TOTAL	Pilot In Command	Dual	Co-Pilot	TOTAL	Pilot In Command	Dual	Co-Pilot
Single Engine								
Multi Engine								
Turbine Engine								
Jet Engine								
TOTAL Fixed Wing					TOTAL Rotor Wing			
Retractable Undercarriage								
Tail Wheel Undercarriage								

D) Flying Experience (MICROLIGHT/ ULTRA LIGHT / GLIDERS ONLY)

	Glider			Power Glider			Microlight / Ultralight		
	TOTAL	Pilot In Command	Dual	TOTAL	Pilot in Command	Dual	TOTAL	Pilot In Command	Dual
3-Axis									
Weight Shift									
Gyrocopter									
TOTAL									

