PILOT DATA SUMMARY

This form must be filled out COMPLETELY each time it is submitted.

Complete two copies. Submit one to ALWG/HQ. Retain one in pilot's file.

Name (Last, First M) _____ Rank _____ CAPID _____Date _____

Charter # _____ Unit _____Telephone – Home _____ Work _____

In Case of Emergency, Contact _____ Relation _____Telephone _____

Flight Hours Total: _____ PIC: _____ Night: _____ Inst: _____

COPIES OF THE FOLLOWING WILL BE MAINTAINED AT THE PILOTS UNIT

( ) FAA Pilot Certificate Number _____ Type: STU PVT COM ATP INST CFI CFII OTHER

( ) Current FAA Medical issued on (date): Class (circle one) First Second Third

Pilots with special expiration date: List expiration date: _____

	Date	Aircraft Used	Check Pilot	IFR/VFR
( ) National Check Pilot School	_____	_____	_____	_____
( ) Annual CAP Form 5 Glider Check	_____	_____	_____	_____
( ) Annual CAP Form 5 Flight Check	_____	_____	_____	_____
( ) Biennial Mission Pilot Flight Check	_____	_____	_____	_____
( ) Biennial FAA Flight Review	_____	_____	_____	_____

( ) Special Pilot Authorizations (circle all that apply)

CAP Chief Check CAP Check CAP Mission Check CAP Instructor Glider Check Glider Instructor Glider Orientation Glider Tow CAP Mission Cadet Orientation AFROTC Cadet Orientation

( ) This pilot participated in the FAA Pilot Proficiency Program. The highest phase completed is:
Phase I II III IV V VI VII VIII IX X XI XII XIII XIV XV XVI XVII XVIII XIX XX

The following items must be completed for each CAP aircraft the pilot flies or any aircraft the pilot flies on CAP activities.

Aircraft Type, Make, Model	_____	_____	_____	_____	(example C-172)
( ) Initial CAP, Form 5 Checkout	_____	_____	_____	_____	(example) 15 June 92
( ) Completed A/C Questionnaire (CAPR 60-1, Atch 2)	_____	_____	_____	_____	(Current Form Date)