

AEROMANIA Single Pilot Exemption 11421 Application

Applicant Information

Name:	Certificate Number	Grade of Certificate	Medical	Medical Date
Street Address		Height - inches	Weight - pounds	Name of Medical Examiner
City, State, ZIP		Hair Color	Eye Color	Gender Nationality
eMail Address		Phone		Company Name - Optional
Form of ID	ID Number			Expiration Date

Record of Pilot Time - Airplane Only

Total 1000	Instrument 75	Night 50	PIC	Turbine PIC ← 500 → Turbine SIC	CE500 Single Pilot

Applicant Certification

I certify that: 1) all information I provided on this application is complete and true to the best of my knowledge, and 2) I have read and understand the Pilot's Bill of Rights and the Privacy Act Statement.

Applicant's Signature	Date Signed
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Record of Training

Ground Instruction

Date Completed	Instructor Name & Signature	Certificate #	Expiration Date

Flight Instruction

Aircraft Type	Registration	Airport(s)	Flight Time
Date Completed	Instructor Name & Signature	Certificate #	Expiration Date

Additional Instruction Required

Subject(s)	Hours Required	Corrective Action		
Date(s)	Instructor Name	Certificate #	Expiration Date	

Record of Evaluation

Aircraft Type	Registration	Airport	Oral Time	Flight Time
Date	Evaluator's Name & Signature	DPE #	Expiration Date	

Required Documents

Copies of Pilot Certificate (front & back)
 Medical Certificate
 Passport