



## Pilot History Form

**Applicant Insured** Gateway Air Service, Inc  
**Pilot Name (Printed):** Slade Martin  
**Street Address:** [REDACTED]  
**City, State & Zip:** Elwell, MD 20832  
**Telephone:** [REDACTED]  
**Birthdate:** [REDACTED]  
**Soc. Sec. No.:** [REDACTED]  
**Occupation:** Pilot  
**Employer:** [REDACTED]  
**Pilot Cert. Number:** [REDACTED]

### CURRENT FAA PILOT CERTIFICATES HELD AND YEAR OBTAINED

☐ Student  
☐ Private  
☒ Commercial 2020  
☐ ATP  
☒ CFI 2020  
☐ CFII  
☐ MEI  
☐ ATP

### FAA MEDICAL CERTIFICATE

**Issue Date:** 04/22/2020 **Class:** 1st  
**Waivers or Limitations (if none, write "None"):** None

### FLIGHT REVIEW \*List Date of Last Certificate/Rating if Exempt by Provisions of FAR 61.56(d)

**Date of Last Flight Review:** 12/05/2020 **Type Aircraft:** C172  
**Date of Last IPC:** [REDACTED] **Type Aircraft:** [REDACTED]

### FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED

☒ ASEL 2019  
☐ AMEL  
☒ Instrument 2020  
☐ ASES  
☐ AMES  
☐ Rotor-Helicopter

### FIXED WING FLIGHT EXPERIENCE

**Total Logged Hours as Pilot:** 460  
**Total Logged Hours in Multi-Engine:** [REDACTED]  
**Total Logged Hours in Turboprop:** [REDACTED]  
**Total Logged Hours in Turbojet:** [REDACTED]  
**Total Logged Hours in Retractable Gear:** 12  
**Total Logged Hours in Tail Wheel:** 3  
**Total Logged Hours Last 90 Days:** 140.7 **Make & Model:**  
**Total Logged Hours in Make & Model:** 33.7 C182  
**Total Logged Hours in Make & Model:** 251.4 C172

### ROTORCRAFT FLIGHT EXPERIENCE

**Total Logged Hours in Helicopters:** [REDACTED]  
**Total Logged Hours in Piston Helicopters:** [REDACTED]  
**Total Logged Hours in Turbine Helicopters:** [REDACTED]  
**Total Logged Hours in Gyroplanes:** [REDACTED]  
**Total Logged Hours Last 90 Days:** [REDACTED]  
**Total Logged Hours in Make & Model:** 148 C150  
**Total Logged Hours in Make & Model:** 12.2 BE33A

### INITIAL OR RECURRENT FLIGHT PROFICIENCY TRAINING

Type Rated in the Following Aircraft: [REDACTED]

Please List Any Type Specific or Any Ground/Flight Training Programs Attended Within the Last 24 Months:

| Name of School / Program | Date Attended | Type of Training                                                    |
|--------------------------|---------------|---------------------------------------------------------------------|
| [REDACTED]               | [REDACTED]    | <input type="checkbox"/> Initial <input type="checkbox"/> Recurrent |
| [REDACTED]               | [REDACTED]    | <input type="checkbox"/> Initial <input type="checkbox"/> Recurrent |

FAA "WINGS" Safety Program Date: [REDACTED] Level: [REDACTED]

### BACKGROUND INFORMATION (Please Explain Any "Yes" Answers on the Reverse Side)

Have you ever been involved in an aircraft accident or incident? ☐ Yes ☒ No  
 Has any insurance company cancelled, declined or refused to renew any aviation insurance for you? ☐ Yes ☒ No  
 Do you have any convictions, suspensions or revocations relating to a driver's license or airman's certificate for FAR violations, use or possession of controlled substances or driving while intoxicated? ☐ Yes ☒ No

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

### IMPORTANT: SEE REVERSE SIDE FOR WARNINGS

**Pilot Signature** [REDACTED]

**Date Signed** 3-3-21

AEROSPACE INSURANCE MANAGERS, INC.

[REDACTED] Dallas, Texas 75264 | Tel: [REDACTED] Fax: [REDACTED]  
 [REDACTED] Glendale, California 91207 | Tel: [REDACTED] Fax: [REDACTED] | West Coast Office

TYPE OR PRINT ALL ENTRIES IN INK

| Certificates                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | Ratings                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             | Other Information/Requests                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|------------|----------------------------|--------------------------|------------------|-------------------------------------------|------------------|-------------------|-----------------|------------------|
| <b>Pilot:</b><br><input type="checkbox"/> Student<br><input type="checkbox"/> Private<br><input type="checkbox"/> ATP-Restricted<br><input type="checkbox"/> ATP                                                                                                                                                                                                                                                                                                                | <b>Instructor:</b><br><input type="checkbox"/> Flight<br><input type="checkbox"/> Ground | <b>Category and/or Class:</b><br><input type="checkbox"/> ASE<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> AME<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Land<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Powered-Lift                                        | <b>Instrument:</b><br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered-Lift<br><input checked="" type="checkbox"/> Added Rating | <b>Ground Instructor:</b><br><input type="checkbox"/> Basic<br><input type="checkbox"/> Advanced<br><input type="checkbox"/> Instrument | <input type="checkbox"/> Initial<br><input type="checkbox"/> Reexamination<br><input type="checkbox"/> Reissuance<br><input type="checkbox"/> Flight Review<br><input type="checkbox"/> Instrument Proficiency Check<br><input type="checkbox"/> Medical Flight Test<br><input type="checkbox"/> Limitation Removal<br><input type="checkbox"/> IPL |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| A. Name (Last, First, Middle)<br>MARTIN, SLADE DAVID                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | B. SSN (US Only)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             | C. Date of Birth<br>[REDACTED]                                                                                                          | D. Place of Birth (City and State) or (City and Country)<br>ALMA MI USA                                                                                                                                                                                                                                                                             |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| E1. Residential Address<br>(Including City, State, Zip Code, and Country)<br>[REDACTED]<br>ELWELL MI 48832                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | E2. Mailing Address (This address will be printed on the permanent<br>airman certificate, if different than block E1.)<br>[REDACTED]                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             | F. Citizenship / Nationality<br><input checked="" type="checkbox"/> USA <input type="checkbox"/> Other                                  |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| G. Do you read, speak, write, & understand the English language?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                         |                                                                                          | H. Height (inches)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             | I. Weight (pounds)<br>[REDACTED]                                                                                                        | J. Hair Color<br>[REDACTED]                                                                                                                                                                                                                                                                                                                         |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| K. Eye Color<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | L. Sex<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             | M. Do you hold, or have you ever held an FAA pilot certificate?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| N. Do you hold, or have you ever held a Medical certificate?<br><input checked="" type="checkbox"/> Yes - FAA <input type="checkbox"/> Yes - Foreign <input type="checkbox"/> Yes - Military <input type="checkbox"/> No                                                                                                                                                                                                                                                        |                                                                                          | M1. Grade of Certificate<br>COMMERCIAL PILOT                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             | M2. Certificate Number<br>[REDACTED]                                                                                                    |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| M3. Date Issued<br>9/29/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | N1. Class of Certificate<br>FIRST CLASS MEDICAL                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             | N2. Name of Medical Examiner<br>DANA BUSCH                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| N3. Date Issued<br>4/27/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | O. Have you ever been convicted of violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                             | O1. Date of Final Conviction                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| <b>II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| <input checked="" type="checkbox"/> A. Completion of Test or Activity                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | 1. Aircraft to be used (If flight test required)<br>PA-23-250                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                             | 2. Total time in this aircraft and/or approved FFS or FTD (hours)<br>a. Flight Time 7.7<br>b. As Pilot-in-Command 0.0                   |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| <input type="checkbox"/> B. U.S. Military Competence or Experience                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | 1. U.S. Military Service                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             | 2. Date Rated in U.S. Military                                                                                                          |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| <input type="checkbox"/> C. Graduate of an Approved Course                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | 4. List Military aircraft for which you have:<br>a. logged pilot time or provided flight instruction (IP) (make and model)<br>b. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)                                                                                                                                                                                                         |                                                                                                                                                                                             | 3. Rank or Grade                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| <input type="checkbox"/> D. Holder of Foreign License                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | 1. Training Agency or Training Center:<br>1a. Name<br>1b. Location (City and State)                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                             | 1c. Certification Number<br>1d. Part 142?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                   |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | 2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating)                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             | 3. Date                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | 1. Country that Issued the Foreign Pilot License                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             | 2. Grade of Foreign Pilot License                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | 3. Foreign Pilot License Number                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             | 4. Ratings Held on Foreign Pilot License (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.)                                     |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| <input type="checkbox"/> E. Air Carrier Training Program                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | 1. Name of Air Carrier                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                             | 2. Date Training Began                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | 3. Accomplished Training Program<br><input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition <input type="checkbox"/> Recurrent                                                                                                                                                                                                                                      |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| <b>III. RECORD OF PILOT TIME (Do not write in the shaded areas)</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                                                                    | Instruction Received                                                                                                                                                                                                                                                                                                                                                                                              | Solo                                                                                                                                                                                        | PIC and SIC                                                                                                                             | Cross Country Instruction Received                                                                                                                                                                                                                                                                                                                  | Cross Country Solo | Cross Country PIC/SIC | Instrument | Night Instruction Received | Night Take-Off / Landing | Night PIC/SIC    | Night Take-Off/Landing PIC/SIC            | Number of        |                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           | Flights          | Aero-Tows         | Ground Launches | Powered Launches |
| Airplanes                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 617.00                                                                                   | 127.00                                                                                                                                                                                                                                                                                                                                                                                                            | 118.00                                                                                                                                                                                      | PIC 569.00<br>SIC                                                                                                                       | 38.80                                                                                                                                                                                                                                                                                                                                               | 73.70              | PIC 230.90<br>SIC     | 54.30      | 6.00                       | 103.00                   | PIC 36.50<br>SIC | PIC 91.00<br>SIC                          | Gliders          |                   |                 |                  |
| Rotorcraft                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             | PIC<br>SIC                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                    | PIC<br>SIC            |            |                            |                          | PIC<br>SIC       | PIC<br>SIC                                | Lighter-than-air |                   |                 |                  |
| Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             | PIC<br>SIC                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                    | PIC<br>SIC            |            |                            |                          | PIC<br>SIC       | PIC<br>SIC                                | Class Totals     |                   |                 |                  |
| Gliders                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             | PIC<br>SIC                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                    | PIC<br>SIC            |            |                            |                          | PIC<br>SIC       | PIC<br>SIC                                | Airplane         | SEL 609.00<br>SIC | MEL<br>SIC      | SES<br>SIC       |
| Lighter-Than-Air                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             | PIC<br>SIC                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                    | PIC<br>SIC            |            |                            |                          | PIC<br>SIC       | PIC<br>SIC                                | Rotorcraft       | Helicopter        | Gyroplane       |                  |
| FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           | Lighter-than-air | Balloon           | Airship         |                  |
| FTD                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           | FFS              | SE                | ME              | Helicopter       |
| ATD                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           | FTD              |                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           | ATD              |                   |                 |                  |
| IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate and/or rating for which you are applying? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| V. APPLICANT'S CERTIFICATION: I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form. |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  |                                           |                  |                   |                 |                  |
| Signature of Applicant<br>SLADE DAVID MARTIN E-SIGN                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                    |                       |            |                            |                          |                  | Date<br>MM/DD/YYYY 05/15/2021 10:54:27 AM |                  |                   |                 |                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|-------------------------|----------------------|
| <input type="checkbox"/> Accepted Student Pilot Application - I have personally reviewed the applicants information and verified this person meets the eligibility requirements and verified the applicant's identification<br><input type="checkbox"/> Flight Review <input type="checkbox"/> Instrument Proficiency Check <input checked="" type="checkbox"/> Recommendation - I have personally instructed the applicant and consider this person ready to take the test.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | <b>Instructor Action</b>                                                                                                                                                                                                                                                         |                                  | <input type="checkbox"/> Rejected Student Pilot Application                                                                                                                                                                                                        |  |                      |                         |                      |
| Date<br>05/13/2021 07:22:23 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Authorized Flight Instructor's Signature (Print Name and Sign)<br>CAREY J WALDIE E-SIGN                                                                                                                                                                                          |                                  | Flight Instructor Certificate Number<br>[REDACTED]                                                                                                                                                                                                                 |  |                      |                         |                      |
| Certificate Expiration Date<br>11/30/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| <b>Air Agency's Recommendation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| The applicant has successfully completed our _____ course,<br>and is recommended for certificate or rating without further practical test.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Date<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Agency Name and Number<br>_____                                                                                                                                                                                                                                                  |                                  | Official Signature<br>_____                                                                                                                                                                                                                                        |  |                      |                         |                      |
| <b>Designated Examiner or Airman Certification Representative Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| <input type="checkbox"/> Accepted - Student Pilot Application <input type="checkbox"/> Rejected Student Pilot Application<br><input checked="" type="checkbox"/> I have personally reviewed this applicant's pilot logbook and/or training record, and I certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate or rating sought.<br><input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. (Original ATP CTP graduation certificate must be attached)<br><input checked="" type="checkbox"/> I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.<br><div style="text-align: center;"> <input checked="" type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.         </div> <input checked="" type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Location of Test (Name of Facility or Airport, City, State)<br>CAD-WEXFORD COUNTY, CADILLAC, MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                  |                                  | Duration of Test<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Ground / Oral<br/>1.0</td> <td style="width:33%;">FFS / FTD<br/>0.0    0.0</td> <td style="width:33%;">Flight<br/>1.2    0.0</td> </tr> </table> |  | Ground / Oral<br>1.0 | FFS / FTD<br>0.0    0.0 | Flight<br>1.2    0.0 |
| Ground / Oral<br>1.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FFS / FTD<br>0.0    0.0  | Flight<br>1.2    0.0                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)<br>COMMERCIAL PILOT, AIRPLANE MULTIENGINE LAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Type(s) of Aircraft Used<br>PA-23-250                                                                                                                                                                                                                                            |                                  | Registration Number(s)<br>N6888Y                                                                                                                                                                                                                                   |  |                      |                         |                      |
| Date<br>05/15/2021 01:16:39 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Examiner's Signature (Print Name & Sign)<br>KEVIN PAUL SPAULDING E-SIGN                                                                                                                                                                                                          |                                  | Certificate Number<br>[REDACTED]                                                                                                                                                                                                                                   |  |                      |                         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                  |                                  | Designation Number<br>[REDACTED]                                                                                                                                                                                                                                   |  |                      |                         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                  |                                  | Designation Expires<br>4/30/2022                                                                                                                                                                                                                                   |  |                      |                         |                      |
| <b>Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Inspector                | Examiner                                                                                                                                                                                                                                                                         | Signature and Certificate Number | Date                                                                                                                                                                                                                                                               |  |                      |                         |                      |
| Ground / Oral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                         | _____                            |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Approved FFS/FTD Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                         | _____                            |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Aircraft Flight Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                         | _____                            |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Advanced Qualification Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                         | _____                            |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| <b>Aviation Safety Inspector or Technician Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| <input type="checkbox"/> Accepted - Student Pilot Application <input type="checkbox"/> Rejected - Student Pilot Application<br>I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with, pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. (The approved box need only checked if the Inspector is the one that issued the temporary airman certificate)<br><div style="text-align: center;"> <input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.         </div> <input type="checkbox"/> Approved - Temporary Certificate Issued (Original Attached) <input type="checkbox"/> Disapproved - Disapproval Notice Issued (Original Attached)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Location of Test (Name of Facility or Airport, City, State)<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                  |                                  | Duration of Practical Test<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Ground / Oral</td> <td style="width:33%;">FFS / FTD</td> <td style="width:33%;">Flight</td> </tr> </table>                             |  | Ground / Oral        | FFS / FTD               | Flight               |
| Ground / Oral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FFS / FTD                | Flight                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Type(s) of Aircraft Used<br>_____                                                                                                                                                                                                                                                |                                  | Registration No.(s)<br>_____                                                                                                                                                                                                                                       |  |                      |                         |                      |
| Certification Activities:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Examiner's Recommendation Provided/Reviewed<br/> <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected<br/> <input type="checkbox"/> Application for a Student Pilot Certificate Accepted<br/> <input type="checkbox"/> Reissue or exchange of pilot, CFI, or G.I. certificate<br/> <input type="checkbox"/> Change of name, nationality, gender or date of birth<br/> <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91)         </div> <div style="width: 45%;"> <input type="checkbox"/> Ground Instructor Certificate Issued<br/> <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Advanced<br/> <input type="checkbox"/> Instrument         </div> <div style="width: 45%;"> <input type="checkbox"/> Flight Instructor Certificate Issued<br/> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement<br/>           Instructor Renewal Based On:<br/> <input type="checkbox"/> Activity <input type="checkbox"/> Training Course<br/> <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities<br/> <input type="checkbox"/> Military Instructor Proficiency Check         </div> <div style="width: 45%;">           Certificate or Rating Based on:<br/> <input type="checkbox"/> Approved FAA Qualification <input type="checkbox"/> Military Competency<br/>           Criteria Not Identified on Page 1<br/> <input type="checkbox"/> Foreign License<br/> <input type="checkbox"/> Special medical test conducted - report forwarded to issuing medical office or AAM-300<br/> <input type="checkbox"/> Special Test-Reexamination (44709) conducted<br/> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved         </div> </div> |                          |                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                    |  |                      |                         |                      |
| Training Course (FIRC) Name<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                  |                                  | Graduation Certificate Number<br>_____                                                                                                                                                                                                                             |  |                      |                         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                  |                                  | Date of FIRC Graduation Certificate<br>_____                                                                                                                                                                                                                       |  |                      |                         |                      |
| Date<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Inspector's Signature (Print Name & Sign)<br>_____                                                                                                                                                                                                                               |                                  | Certificate Number<br>_____                                                                                                                                                                                                                                        |  |                      |                         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                  |                                  | FAA Office (e.g SO-15, WP-19)<br>GL09                                                                                                                                                                                                                              |  |                      |                         |                      |
| <b>Attachments:</b><br><input type="checkbox"/> Certifying Statement<br><input type="checkbox"/> College Transcript (Official)<br><input type="checkbox"/> ATP CTP Graduation Certificate<br><input type="checkbox"/> Knowledge Test Report<br><input checked="" type="checkbox"/> Temporary Airman Certificate<br><input type="checkbox"/> Notice of Disapproval<br><input type="checkbox"/> Superseded Airman Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | <b>Airman's Identification (ID)</b> (US driver's license or passport recommended)<br>Form of ID<br>USA DRIVER'S LICENSE USA MI<br>ID Number (If issued by State, include State)<br>[REDACTED]<br>Expiration Date (must be valid)<br>[REDACTED]<br>Telephone Number<br>[REDACTED] |                                  | <b>Applicant Information</b> (required if printed on 2 pages)<br>Name<br>MARTIN, SLADE DAVID<br>Date of Birth<br>[REDACTED]<br>Certificate Number<br>[REDACTED]<br>E-Mail Address<br>[REDACTED]                                                                    |  |                      |                         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | <input checked="" type="checkbox"/> Meets Aviation English Language Standard<br><input type="checkbox"/> Does Not Meet Aviation English Language Standard<br><input type="checkbox"/> Referred to FSDO for Aviation English Language Standard Determination                      |                                  | Remarks:<br>_____                                                                                                                                                                                                                                                  |  |                      |                         |                      |