

Agricultural Pilot History Form

Please fill in all blanks, check all applicable boxes, and sign and date at bottom.
 Completion of this document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

FAA Certificate No: [REDACTED] *comm.*

Pilot's Name:	<i>PERSON WANG</i>		
Address:	[REDACTED]		
City:	<i>HENDERSON</i>	State:	<i>NV</i>
Zip:	[REDACTED]	Home:	[REDACTED]
Phone:	[REDACTED]	Work:	[REDACTED]
Date of Birth:	[REDACTED]		
Occupation:	<i>PILOT</i>		
Employer:	<i>TRE ROTON</i>		
Named Insured:			

☐ Private Pilot ☒ Commercial Pilot ☐ Airline Transport Pilot ☒ Flight Instructor ☐ Designated Examiner ☐ 1 st Class Medical ☒ 2 nd Class Medical ☐ 3 rd Class Medical	☒ Instrument ☒ Multi-Engine Land ☒ Helicopter ☐ A&P Mechanic ☐ IA ☒ No Accidents ☐ No Waivers ☐ No Violations
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2. PILOT EXPERIENCE

Total Time All Aircraft:	<i>4520</i>	Aerial Application Time Fixed-Wing Piston:	<i>—</i>	Total Time Past 12 Months:	<i>520</i>
Total Time Fixed Wing:	<i>—</i>	Aerial Application Time Fixed-Wing Turbine:	<i>—</i>	PAASS Completion Date:	
Total Time Rotor Wing:	<i>4520</i>	Aerial Application Time Rotor-Wing Piston:		Operation Safe Training Date:	
Total Time Turbine Rotor Wing:	<i>3520</i>	Aerial Application Time Rotor-wing Turbine:		Date Last BFR:	<i>10/2020</i>
Total Time Multi-Engine:	<i>300</i>	Total Time Conventional Gear:	<i>—</i>	Date Last Medical:	<i>7/2020</i>
Make/Model:	<i>B206</i>	Make/Model:	<i>B207</i>		
	<i>1520</i>		<i>700+</i>		

Number of Years you have been involved in Aerial Application?	List all states in which you are presently licensed to conduct aerial application:	
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3. ANSWER ALL QUESTIONS (check "YES" or "NO")

- | | | |
|---|---|--|
| a. Are you flying under a waiver? | ☐ Yes | ☒ No |
| b. Have you ever been penalized for an FAR violation? | ☐ Yes | ☒ No |
| c. Within the past 5 years, have you had an aircraft accident, incident, and/or violation? | ☐ Yes | ☒ No |
| d. Within the past 5 years, have you had any violations or claims arising from the aerial application of chemicals? | ☐ Yes | ☒ No |
| e. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf? | ☐ Yes | ☒ No |
| f. Have you ever been convicted of a felony, under indictment for any felony or in a legal action involving drugs or narcotics? | ☐ Yes | ☒ No |
| g. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics? | ☐ Yes | ☒ No |
| h. Has your driver's license ever been suspended or revoked? | ☒ Yes | ☐ No |
| i. Has your pilot certificate or a state aerial applicator certificate ever been suspended or revoked? | ☐ Yes | ☒ No |

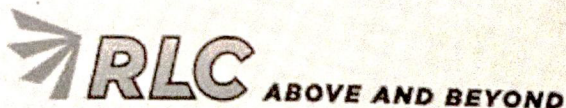
Explain fully all YES answers (attach separate sheet, if necessary) :

DRIVING AN UNINSURED UNREGISTERED MOTORCYCLE IN MID 1990'S

ALL OF THE INFORMATION HEREIN IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

Pilot's Signature: [REDACTED]

Date: *4-16-2021*



AIRMAN COMPETENCY/PROFICIENCY CHECK FAR 135		LOCATION: 18LS	DATE OF CHECK: 10/21/2020
NAME OF AIRMAN: (last, first, middle initial) Wong, Ripson E.		TYPE OF CHECK: ☒ 293 ☐ 297 ☒ 299 ☒ PIC ☐ SIC	
PILOT CERTIFICATION INFORMATION	Grade: COMM	MEDICAL INFORMATION: Date of Exam: 07/21/2020	
	Number: [REDACTED]	Date of Birth: [REDACTED] Class: SECOND	
BASED AT (City, State): Galliano, LA		TYPE HELICOPTER: BH206L4	REGISTRATION NUMBER: N852RL
AIRMAN SIGNATURE: [REDACTED]		FLIGHT TIME: 1.3	HOOD TIME: 0.3
FLIGHT MANEUVERS GRADE (S-Satisfactory U-Unsatisfactory U/S-Retrained)			
1. Equipment Examination (Oral or Written) S		IFR	
GROUND OPERATIONS		INSTRUMENT PROCEDURES	
2. Preflight Inspection	S	1. Instrument Takeoff (PIC)	/
3. Start Procedures	S	2. Area Departure/Arrival/HEDA (PIC)	/
4. Pretakeoff Checks	S	3. Holding (PIC)	/
5. Taxiing and Ground Hover Maneuvers	S	4. Steep Turn (PIC)	/
TAKEOFF PROCEDURES		5. ILS Approach - Normal (BOTH)	/
6. Normal & Crosswind Takeoffs	S	6. ILS Approach - Simulated OEI (PIC)	/
7. Takeoff Simulated Engine Failure (ME Only)	/	7. Landing and Missed Approach from an ILS (PIC)	/
8. Rapid Deceleration	S	8. Coupled Approach (PIC)	/
IN-FLIGHT MANEUVERS		9. Non-Precision Approach(s) (SIC-1) (PIC-2)	/
9. Settling with Power	S	10. Second Missed Approach (PIC)	/
10. Unusual Attitude Recovery	S	11. Circling Approach/Landing (PIC)	/
LANDING AND APPROACHES		12. Crew Coordination	/
11. Normal & Crosswind Landings	S	RESULT OF CHECK: Approved ☒ Disapproved ☐	
12. Landing with Engine Out (ME Only)	/	NAME OF CHECK AIRMAN: [REDACTED] SIG. OF CHECK AIRMAN: [REDACTED]	
13. Platform Approach/Landing	S	Brian A. Skelton	
14. Rejected Landing/Go-Around	S	CHECK AIRMAN CERTIFICATION INFORMATION: CP [REDACTED]	
ABNORMAL/EMERGENCY PROCEDURES		Check Airman / Instructor Performance: Approved ☐ Disapproved ☐	
15. Slope Operations	S	AIRMAN COMPETENCY INFORMATION	
16. System Malfunctions	S	Demonstrated Current Knowledge FAR 135.293 (a)	
17. Hydraulics Off	S	Make/Model: BH 206 Series Expires: (12 mo) 10/21	
18. Manual Throttle (BH407)	/	Demonstrated Competency: FAR 135.293 (b)	
19. Autorotation to a Power Recovery (Single Engine)	S	Make/Model: BH 206 Series Expires: (12 mo) 10/21	
20. Hovering Autorotation (Single Engine)	S	Satisfactory Demonstrated Line Checks:	
21. Tail Rotor Failure (Oral Only)	S	18LS-3R2-KLFT-18LS	
22. Dynamic Rollover (Oral Only)	S	Make/Model: BH 206 Series Expires: (12 mo) 10/21	
23. Low Rotor RPM (Oral Only)	S	FAR 135.297 Expires: (6 mo) N/A	
24. Anti-Torque System Failure (Oral Only)	S	Base Month: OCT	
25. Low light / Flat light, Brown out / White out	S		
26. Maneuver by Partial Panel	S		
27. Instrument Approach - Type: ASR RWY11 KLFT	S		
GENERAL			
28. Judgment	S		
29. Nav./Comm. Procedures	S		
REMARKS: BH206 Series check ride 135.293/ 299 Discussed aircraft differences. Base month remains October			
REGION	DISTRICT OFFICE	FAA INSPECTORS SIGNATURE	