BRITISH COLUMBIA | Ministry of Transportation and Transit

ROTARY WING PILOT INFORMATION

Last Name	First Name	Middle Initial
Mobile Phone Number	Helicopter Licence Number	

HELICOPTER QUALIFICATIONS (Check all that Apply)

- ☐ Airline Transport License Helicopter
- ☐ Helicopter Commercial License
- ☐ Flight Instructor Rating
- ☐ Instrument Rating
- ☐ Multi Engine Rating
- ☐ Night Rating

SPECIALTY TRAINING - Check all the Apply

☐ Mountain Flying (MANDATORY)	Agency/Company	Course Date
☐ Crew Resource Management	Agency/Company	Course Date
☐ Pilot Decision Making	Agency/Company	Course Date
☐ NVIS Trained (Indicate Basic or Advanced)	Agency/Company	Course Date
☐ Other:	Agency/Company	Course Date

EXPERIENCE & HAC COMPETENCIES (Enter hours where directed and check all Competencies that apply)

- ☐ LOW VISIBILITY FLIGHT – requirements met
- ☐ MINIMUM OF 100 HOURS MOUNTAIN FLYING PIC WITHIN THE LAST 12 MONTHS

Aircraft Type	Pilot in Command Hours	Total Hours	Mountain Flying PIC Hours	Float Flying PIC Hours	Confined Areas	Mountain Flying	Hover Exit	External Load Long Line	Class D External Load	AID & Drip Torching
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
TOTALS	0	0	0	0						

SPECIALTY EXPERIENCE (Enter PIC Hours)

- ☐ Aerial Application
- ☐ Aerial Hoisting
- ☐ Aerial Ignition Heli-torch
- ☐ Class D External Load
- ☐ Grappling
- ☐ Helicopter Bucketing
- ☐ Hover Exit
- ☐ Long Line
- ☐ Heli-Skiing

PAST EMPLOYMENT (List last two employers)

YEAR(S)	EMPLOYER/COMPANY NAME	PROVINCE	SUPERVISOR'S NAME
		Select One	
		Select One	

Printed name of Operations Manager or Chief Pilot: Date:

Signature of Operations Manager or Chief Pilot: