

# CANADIAN AERIAL APPLICATOR'S ASSOCIATION

## *Pilot Registry Form*

Pilot Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Resident #: \_\_\_\_\_

Total pilot hours (PIC): \_\_\_\_\_ Total aerial application hours: \_\_\_\_\_

Total aerial application hours in the last 5 years: \_\_\_\_\_ in the last year: \_\_\_\_\_

Total agricultural application hours: \_\_\_\_\_ Total forestry application hours: \_\_\_\_\_

Aircraft type flown:	Total hours flown:
_____	_____
_____	_____
_____	_____
_____	_____

Please check off the category reflecting your highest flight experience level:  
 Small Ag Aircraft     Radial Powered Aircraft     Turbine Powered Aircraft

Accident History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commercial / Private pilot license number: \_\_\_\_\_

Current Pesticide Licenses: *(attach photocopy)* \_\_\_\_\_

Work desired: \_\_ Full time \_\_ Part time. Willing to start as a ground assistant: \_\_YES \_\_NO

Time restrictions you are unavailable for work: \_\_\_\_\_

Past Employers (last three years):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:	Phone Number:
_____	_____
_____	_____

Return completed form to: **CAAA, P.O. Box 21085, Edmonton, AB T6R 2V4**  
**OR Fax to 1-780-413-0076**