

Pilot Name:			
Street Address:			
City:	Province:	Postal Code:	
Business #:	Fax	#:	
Cell #:	Resid	Resident #:	
Total pilot hours (PIC):	Total aeria	al application hours:	
Total aerial application ho	urs in the last 5 years:	in the last year:	
Total agricultural application	on hours:Total	forestry application hours:	
Aircraft type flown:		Total hours flown:	
Please check off the categ	gory reflecting your highest	flight experience level:	
Please check off the cated Small Ag Aircraft Accident History:	gory reflecting your highest Radial Powered Ai		
Please check off the categ Small Ag Aircraft Accident History:  Commercial / Private pilot	gory reflecting your highest Radial Powered Ai	flight experience level: rcraft Turbine Powered Aircraft	
Please check off the cated  Small Ag Aircraft  Accident History:  Commercial / Private pilot  Current Pesticide License	gory reflecting your highest Radial Powered Ai license number: s: (attach photocopy)	flight experience level: rcraft Turbine Powered Aircraft	
Please check off the cated  Small Ag Aircraft  Accident History:  Commercial / Private pilot  Current Pesticide License  Work desired: Full time	gory reflecting your highest Radial Powered Ai license number: s: (attach photocopy) Part time. Willing to st	flight experience level:  rcraft Turbine Powered Aircraft  art as a ground assistant:YESNO	
Please check off the cated Small Ag Aircraft Accident History:  Commercial / Private pilot Current Pesticide License Work desired: Full time Time restrictions you are u	gory reflecting your highest Radial Powered Ai license number: s: (attach photocopy) e Part time. Willing to st	flight experience level: rcraft Turbine Powered Aircraft	
Please check off the cated  Small Ag Aircraft  Accident History:  Commercial / Private pilot  Current Pesticide License  Work desired: Full time	gory reflecting your highest Radial Powered Ai license number: s: (attach photocopy) e Part time. Willing to st	flight experience level:  rcraft Turbine Powered Aircraft  art as a ground assistant:YESNO	

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

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