



How many total hours has Client flown?	
What is the purpose for Flying?	
What type(s) of aircraft Does client fly?	
How many hours did client Fly last year?	
How many flight hours are Planned for next year?	
Date of last flight?	

**Additional Comments:**

**This Questionnaire Must Accompany Your Formal Application.**

**FSA Preliminary Assessment:** \_\_\_\_\_

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