

310 S. Dale Mabry Hwy, Ste 210 Tampa, FL 33609 Phone (813) 875-6331 Fax (813) 875-7331

## **Aviation Questionnaire**

yes, select type:   Cigarettes   Cigar   Chewing tobacco   Other:   ate last used   Frequency per month   Face Amount    1. Do you have an Instrument Flight Rating? Yes No  2. What level of license/certificate do you hold?    3. How may total hours have you flown?    4. How many hours did you fly last year?    5. How many planned for next year?    6. Please list the countries where you fly:    7. What is the purpose of your flying?    8. What type(s) of aircraft do you fly?    9. Date of last flight:	nt Name	Phone
Male   Female   Height/Weight   /	il Address	
Ever use nicotine products?	licant Last Name	Date of Birth
yes, select type:   Cigarettes   Cigar   Chewing tobacco   Other:	☐ Male ☐ Female	Height/Weight//
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<ul><li>8. What type(s) of aircraft do you fly?</li><li>9. Date of last flight:</li></ul>	<ol> <li>What level of license/certificate do you hold?</li> <li>How may total hours have you flown?</li> <li>How many hours did you fly last year?</li> <li>How many planned for next year?</li> </ol>	
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40. A 1/11/2 and Community	9. Date of last flight:	
10. Additional Comments:	10. Additional Comments:	

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com