

FLORIDA MOSQUITO CONTROL PILOTS ASSOCIATION
Membership Application and Questionnaire

ORGANIZATION: _____

PILOTS INFORMATION:

(Please complete one per pilot in your organization)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Work Phone: _____

E-mail: _____

Job Title: _____

Number of Years as Mosquito Control Pilot: _____

Licenses and Ratings: (Check all that apply)

_____ Comml Helicopter	_____ Airline Transport Pilot Helicopter
_____ Comml Airplane Single Engine	_____ Airline Transport Pilot Airplane
_____ Comml Airplane Multi-Engine	_____ Cert. Flight Instructor Helicopter
_____ Instrument	_____ Cert. Flight Instructor Airplane

Number of flight hours:

_____ Total
_____ Helicopter
_____ Airplane Single Engine
_____ Airplane Multi Engine
_____ Dispensing Pesticides or Agricultural Products
_____ Night Vision Goggles

Please return Membership Applications and Questionnaires to:
Chief Pilot, Hillsborough County Mosquito and Aquatic Weed Control
4220 Tampa Bay Blvd., Tampa, FL 33614