

INSTRUCTIONS:

You can either download this form, fill it out, and mail it along with the rest of your nomination package to the address below by regular mail, or fill it out online and e-mail it to the address below.

Mail:

Minnesota Aviation Hall of Fame 1466 St. Peter Ave., E., #309 Delano, MN 55328 Email:

nallard214@gmail.com

AVIATION BACKGROUND QUESTIONNAIRE

First Name:	
Middle Initial:	
Last Name:	
Place of Birth:	
Birth Date:	
Came to Minnesota in What Year:	
Date of Death:	
Place Interred:	
Cause of Death:	
City Considered to be His/Her Hometown:	

FOR PERSONS HAVING BEEN A PILOT

First Airplane Ride – Where:	
Date of First Airplane Ride:	
With Whom as Pilot:	
Type of Aircraft:	
First Solo – Where:	
Date of First Solo:	
Type of Aircraft:	
Instructor:	
What Year Did You Receive Your Private License:	

Select All That Apply:				
Instrument Commercia		🗌 Seapl	ane	ATP
Balloon Helicopter	Glider			
Place You Took Your Lessons:	Γ			
Private License Signed By:				
Did You Do Any Barnstorming and	Where:			
Did You Own Your Own Aircraft -	Types:			
Harrowing Adventures:				
What Other Types of Aircraft are Logged in Your Logbook:				
Did You Fly in the Military - Where and what unit(s):				
Awarded Military Medals:				
Did You Fly For An Airline - Which (and Years)?				
Did You Ever Build Your Own Airc	raft – What:			
Kit: Y	our Own Design:		When:	
Did You Ever Restore an Old Aircra	ft – When – What:			
Did You Fly as a Corporate Pilot – W	/hen – For Whom:			

FOR PERSONS WHOSE CAREER WAS NOT AS A PILOT

What Was Your Aviation-Related Career:	
Hobbies Related to Aviation:	
Hobbies Not Related to Aviation:	

Candidate's Next of Kin (and contact address or email):

Candidate's Current Home Address:

Candidate's Home Phone:	
Candidate's Email:	

Nominator's Current Home Address:

Candidate's Home Phone:	
Candidate's Email:	

The above information to be used for the historical record only.

Your Signature: _____

Date: _____