

IMC Balloon Agency

5000 American Blvd., West – Ste 770, Bloomington, MN 55437 • Phone 800-783-5963 • Fax 952-746-4858

Applicant (Balloon Owner) _____

USE THIS FORM FOR EACH CREW
Attach a separate sheet for each Crew Person

Crew Name _____ DOB: _____ Gender: Male / Female
Mailing Address: _____ City _____ State _____ Zip Code _____
Phone, including area code: Cell _____ Home _____

Crew Position _____ Describe: _____
Number of years you have been Crewing hot air balloons? _____
How often do you Crew? _____ times a week, _____ times a month, _____ times a year?

Do you have a Pilot Certificate? Yes / No If "yes", what type of "Certificate"? LTA / FixedWing
Is your flying Certificate 'current' ? Yes / No

Are you presently training for a Pilot Certification? Yes / No
If "Yes", type of Pilot Certificate: Student, Private, Commercial (LTA or Fixed Wing?)

If you wish - list the Pilots **and** hot air balloon N#'s for which you are presently
Crewing: _____

Are you a current member of BFA? Yes / No

Estimated hours to be crewing in the next 12 months in all balloons _____ In balloons insured
by applicant _____ What safety seminars or programs have you attended in the last 12
months? (include date, location, sponsoring organization and proof of attendance _____)

In the past 5 years have you (A) been involved in any aviation accident, incident or loss,
including personal injury to pilot, passengers, or others, damage to property of others, or
damage to a balloon, whether or not insured? _____ (B) been convicted of illegal or
excessive use of alcohol or drugs? _____

Explain all yes answers, including date and complete description of violation or loss, and
amounts paid or claimed on the reverse side of this information sheet. Use extra pages if
necessary.

**I WARRANT THE TRUTH OF THE ABOVE STATEMENTS, AND THAT NO MATERIAL
INFORMATION HAS BEEN WITHHELD.**

Signature of Crew _____ Date _____

IMC 710b (2/10)