

WAR DEPARTMENT  
OFFICE OF THE CHIEF OF THE AIR CORPS  
WASHINGTON

July 29 , 1941



To all women holders of licenses

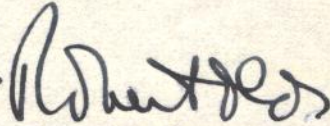
A survey is being made to determine the feasibility of forming, under Government auspices, an auxiliary organization of women pilots for the ferrying of certain categories of airplanes. No conclusions have been reached as to the future of such an organization, and it has not been determined whether it should be formed on a military or civilian basis, temporary or permanent.

You will aid in a prompt compilation of such a survey by filling in and returning immediately the questionnaire in the addressed envelope, enclosed for that purpose.

Even if you are unable or unwilling to participate actively in such an organization, if formed, nevertheless you are requested to fill in and return the questionnaire so that the survey may be complete as to both available and unavailable women pilots. It may be assumed, for purposes of the questionnaire, that, if the services of women pilots are utilized, they will obviously receive compensation.

Please note that a space has been left in the questionnaire for the insertion of such additional data as you believe necessary for the completion of the records as to your availability now or in the future.

Your very prompt attention is urged.

  
Air Corps Ferrying Command

This questionnaire is sent to you in  
the strictest confidence.



NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

AGE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ IF MARRIED NUMBER OF CHILDREN \_\_\_\_\_

RELIGION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

NATURALIZED \_\_\_\_\_ SCHOOLS ATTENDED \_\_\_\_\_

HIGH SCHOOL OR COLLEGE GRADUATE \_\_\_\_\_  
give name of schools above

OCCUPATION \_\_\_\_\_ HOW LONG IN PRESENT TYPE OF WORK \_\_\_\_\_

TYPE OF LICENSE HELD \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

DATE LICENSE RECEIVED \_\_\_\_\_ TOTAL NUMBER OF HOURS IN 1S \_\_\_\_\_

2S \_\_\_\_\_ 3S \_\_\_\_\_ OR LARGER SHIPS CLASSIFIED SEPARATELY \_\_\_\_\_

NUMBER OF HOURS FLOWN AS PILOT \_\_\_\_\_ . NUMBER OF SOLO HOURS FLOWN SINCE

RECEIPT OF LAST LICENSE \_\_\_\_\_ . TOTAL NUMBER OF HOURS CROSS

COUNTRY EXPERIENCE \_\_\_\_\_ . NUMBER OF HOURS CROSS COUNTRY EX-

PERIENCE WITHIN THE LAST YEAR \_\_\_\_\_ TYPE OF SHIP FLOWN \_\_\_\_\_

SCHOOL IN WHICH YOU LEARNED TO FLY \_\_\_\_\_

IF PRIVATE SHIP NAME OF INSTRUCTOR OR INSTRUCTORS \_\_\_\_\_

\_\_\_\_\_ . INSTRUMENT RATING \_\_\_\_\_

RADIO LICENSE, WHAT CLASS \_\_\_\_\_

WOULD YOU BE INTERESTED IN JOINING AN ORGANIZATION WHICH IS GOVERNMENT  
SPONSORED AT A SALARY NOT LESS THAN \$150 PER MONTH TO START? \_\_\_\_\_

TO CARRY OUT ANY ASSIGNMENT OF FLYING WHICH YOU ARE ASSIGNED TO THAT THE  
PERSON IN CHARGE CONSIDERS YOU QUALIFIED TO DO? \_\_\_\_\_

ARE YOU FREE TO TAKE UP RESIDENCE WHERE YOU ARE REQUESTED FOR THE  
PURPOSE OF SERVING THIS ORGANIZATION: SIX MONTHS TO ONE YEAR AND DEVOTE  
YOUR FULL TIME? \_\_\_\_\_ .

*Conroy*  
107