



International Student Pilot Training Program

Application

NAME OF APPLICANT: **

First Name: _____ Last Name: _____

Passport Number: _____ Planned Date of Arrival: _____

ADDRESS: **

_____ Appt.
Street and Street Number *

_____ Postal Code/Zip Code
City Country

***Please DO NOT leave a P.O. Box Number as we do not deliver to P.O. Boxes.**

CONTACT INFORMATION: **

_____ Email Address
Phone Alt. Phone

** = Required Fields. Please fill out all required fields CLEARLY.

PROGRAMS:

- Private Pilot's License Instrument Rating
 Commercial Pilot's License Instructor Rating
 Multi Engine Rating

Question and Answer Session

Once the form has been completed, the applicant must schedule a Question and Answer session with the Chief Flight Instructor.

Please select 3 appointment times that would suit you best. We will e-mail you a confirmation of the confirmed time. Please note times are in Eastern Standard Time.

Request Day: Tues. ____ Weds. ____ Thurs. ____ Fri. ____ Sat. ____

Request Time: 9:20 am ____ 10:40 am ____ 12:00 pm ____ 13:20 pm ____ 2:40 pm ____

Request Day: Tues. ____ Weds. ____ Thurs. ____ Fri. ____ Sat. ____

Request Time: 9:20 am ____ 10:40 am ____ 12:00 pm ____ 13:20 pm ____ 2:40 pm ____

Request Day: Tues. ____ Weds. ____ Thurs. ____ Fri. ____ Sat. ____

Request Time: 9:20 am ____ 10:40 am ____ 12:00 pm ____ 13:20 pm ____ 2:40 pm ____