SPECTRUM AIRWAYS- ACCEPTANCE LETTER APPLICATION

APPLICANT INFORMATION				
Family Name:	Given Name:		Date of Birth:	
Street Address:			Unit #:	
City:	Province/State:		Postal Code/Zip Code:	
Country:	Passport Number:			
Phone:	E-mail Address:			
PROGRAM OF STUDY (Please select the programs you wish to enroll in)				
Private Pilot □ Commercial Pilot □	Multi-Engine Rating □	Instrum	ent Rating 🗆	Instructor Rating \square
Hrs of instruction/week*:	Start Date:		End Date:	
FLIGHT TRAINING HISTORY (Please check off completed licences and ratings)				
Private Pilot □ Commercial Pilot □	Multi-Engine Rating □	Instrum	ent Rating 🗆	Instructor Rating \square
Hours Flown- Single Engine: Hours Flown- Multi-Engine:			Last Date Flown:	
QUESTION AND ANSWER SESSIONS				
Please select a date and time of the week you are available to speak with the Chief Flight Instructor. Please select 3 appointments that would suit you best. We will e-mail you a confirmation of the confirmed date and time (EST).				
Day of the Week: Tuesday □ \	Vednesday □ Thursday □	Frid	ay □	
Time: Morning (09:00	AM- 11:30 AM) □ Afterno	on □ (12:30 PM- 4:00) PM)
Day of the Week: Tuesday □ \	Vednesday □ Thursday □	Frid	ay □	
Time: Morning (09:00	AM- 11:30 AM) □ Afterno	on □ (12:30 PM- 4:00	PM)
Day of the Week: Tuesday □ \	Vednesday □ Thursday □	Frid	ay □	
Time: Morning (09:00	AM- 11:30 AM) □ Afterno	on 🗆 (12:30 PM- 4:00) PM)
Private Pilot □ Commercial Pilot □ Multi-Engine Rating □ Instrument Rating □ Instructor Rating □				

- * Flight Training is one-on-one with the instructor please indicate the number of hours a week you are planning to dedicate towards obtaining your licences or rating. Also indicate the date you plan to arrive in Canada and the date you plan on completing your training.

 - Please email your application to jfalco@spectrumairways.com along with a copy of your passport Please send \$250.00 CDN along with your application (we accept Visa, Mastercard and American Express).