

USA
 13500, SW 134th Avenue, Unit 3, Miami FL 33186,U.S.A.
 TEL : 305 278 2633 Fax :001- 305 278 7595

INDIA
 No.5, Kambar Street, Alandur, Chennai-600016.
 TEL : 044-43534312 Fax : 044-43534314



APPLICATION FORM

Contact information 1

First Name	Middle Name	Last Name
Telephone	Mobile	E-mail Address

Mailing Address 2

Present Address		
Apartment/Unit Number	City	State/Province
Zip/Postal Code		

Emergency Contact Information 3

First Name	Middle Name	Last Name
Telephone	Mobile	E-mail Address
Emergency Address		
Apartment/Unit Number	City	State/Province
Zip/Postal Code		

Personal Information 4

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height ____ Feet / CM ____ Inches	Weight ____ Pounds / Kilograms
Birth Date (mm/dd/yyyy) ____ / ____ / ____	Place Of Birth	Country Of Citizenship
Passport Number	Current Occupation	Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Identification No. (Driving license, Passport,VoterID) If Any		Any drug Or alcohol convictions within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No

School information 5

List up to three schools you have attended (High School, University or Technical)

Institution	Dates Attended (mm/yy)	Diploma/ Degree
	___ / ___ To ___ / ___	
	___ / ___ To ___ / ___	
	___ / ___ To ___ / ___	

Housing Information 6

Do you require student Housing ?	Do you smoke	When would you be moving to Miami to start training at FFS (mm/dd/yyyy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ / ___ / _____

Flight Experience (if Applicable) 7

List all flight certificates held (if any):

Name of the school where rating were obtained						
FAA Medical Type		FAA Medical Date of issue (mm/dd/yy)				
<input type="checkbox"/> None <input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class		___ / ___ / _____				
Flight Time	Total Time	Cross-Country	Night	Complex	Instrument	Simulator
Dual Flight Time						
Dual Flight Time						

Select all licenses and ratings you would like to train for : 8

Pilot License	Flight Skill Ratings	Certified Flight Instructor ratings
<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Instrument rating	<input type="checkbox"/> CFI Instrument
<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Multi-engine rating	<input type="checkbox"/> CFI Multi-Engine
<input type="checkbox"/> Certified Flight Instructor	<input type="checkbox"/> complex / high performance	
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Aircraft checkout	

Signatures

Signature For Approval Of Applicant	Date (mm/dd/yyyy)
	___ / ___ / _____
Signature Of Parent/Guardian/Sponsor	Date (mm/dd/yyyy)
	___ / ___ / _____
Relationship to student	Relationship Telephone
Relationship Address	Relationship City