



Flight Training Application Form

APPLICANT INFORMATION (required fields)

First Name _____ Middle Name _____ Last Name _____
 City, State, _____
 Street and # _____ Zip, Country _____

Phone# _____ E-Mail _____

Emergency # _____ Housing? Yes, arrange student apartment. No, thanks!
 Place, Country of Birth _____

Date of Birth _____ / _____ / _____ (MM/DD/YYYY)

ID Type _____ ID Number _____

ID Issued in _____ ID Expiration _____ / _____ / _____ (MM/DD/YYYY)

Citizenship _____ Pilot Certificate # _____ Highest Rating _____

FAA Medical Class I Class II Class III Date Issued _____ / _____ / _____ Weight _____ (US-LBS)

TRAINING PROGRAM (required fields)

Professional Pilot Training Program (PPL, CPL, IFR, CFI, CFII + free iPad) Private Pilot Training (PPL-H)

Private Pilot Add-On Training (PPL-H-Add-On) Commercial Pilot Training (CPL-H)

Commercial Add-On Training (CPL-H-Add-On) Instrument Training (IFR-H)

Instrument Add-On Training (IFR-H-Add-On) Certified Flight Instructor Rating (-Instrument) (CFI) or (CFII)

Airline Transport Pilot Training(ATP) Turbine Transition Course (TRB)

Flight Review / Instr. Proficiency Check on Aircraft R-_____ (Turbine-) Time Building on Aircraft Model R-_____

PILOT TOTAL EXPERIENCE (if applicable)

_____ Total Hours Helicopter _____ Night Time Helicopter _____ PIC Flight Time Helicopter

_____ Solo Flight Time Helicopter _____ Dual Flight Time Helicopter _____ Cross-Country Helicopter

_____ Turbine Experience Helicopter _____ (Simulated-) Instrument Time _____ / _____ Date of last Flight (MM/YY)

CREDIT CARD & ADDITIONAL INFORMATION

Start Date _____ / _____ / _____ (MM/DD/YYYY)

Credit Card # _____ Card Zip Code _____

Exp. Date _____ / _____ (MM/YY) CVC Code _____

Promo Code _____

MILITARY BACKGROUND

Branch _____

/Rank _____

Months of Duty _____ (MONTHS)

Last day of Duty _____ / _____ / _____ (MM/DD/YYYY)

To the best of my knowledge, I certify that the information provided is true and correct. Please attach to this application a copy of your passport, ID, birth certificate or Drivers license with front and back page and (if applicable) Pilot Certificate, Logbook and current Medical. With your signature you authorize Heli Aviation Florida, LLC to charge a non-refundable deposit of \$250 and agree to accept the current terms and conditions as well as Heli Aviation's company procedures. Non US-citizens must obtain a TSA clearance prior to starting training.

Signature (Parent or Legal if Student is under 18 years old) _____ Legal Full Name _____ Date _____ / _____ / _____ (MM/DD/YYYY)

Please forward the completed and signed application Form to info@helifa.com
 or via Fax (+1) 941-355-1521