



Flight Training Application Form

APPLICANT INFORMATION (required)

First Name _____ Middle Name _____ Last Name _____
 Street and # _____ City, State, Zip _____
 Country _____ Citizenship _____
 Phone # _____ (INCL. COUNTRY CODE) Email _____
 Date of Birth ____ / ____ / ____ (MM/DD/YYYY) Place of Birth _____
 ID Type (e.g. Passport) _____ ID Number _____
 ID issued in _____ ID Expiration ____ / ____ / ____ (MM/DD/YYYY)

PILOT INFORMATION (if applicable) *No prior experience*

Pilot Certificate # _____ Highest Rating _____
 FAA Medical Type Class I Class II Class III Medical Issued on ____ / ____ / ____ (MM/DD/YYYY)
 Weight (lbs) _____ (LBS) FTN Number _____
 _____ Total Time _____ Dual _____ Solo _____
 _____ PIC _____ Dual X/C _____ Solo X/C _____
 _____ PIC X/C _____ (Simulated-) Instrument _____ Dual Night _____
 _____ Night T/L _____ Night PIC _____ Night T/L PIC _____
 _____ FTD / ATD / AATD / SIM _____ Turbine _____ R22 Type _____

TRAINING PROGRAM (required) **Training Start Date:** ____ / ____ / ____ (MM/DD/YYYY) Exact Estimated

<input type="checkbox"/> Professional Pilot Training (PPL, CPL, IFR, CFI, CFII)	<input type="checkbox"/> 4-Week Private Pilot Training (PPL-H)
<input type="checkbox"/> Private Pilot Training (PPL-H)	<input type="checkbox"/> Private Pilot Add-On Training (PPL-H Added)
<input type="checkbox"/> Commercial Pilot Training (CPL-H)	<input type="checkbox"/> Commercial Pilot Add-On Training (CPL-H Added)
<input type="checkbox"/> Instrument Rating (IFR-H)	<input type="checkbox"/> Instrument Add-On Rating (IFR-H Added)
<input type="checkbox"/> Certified Flight Instructor Rating (-Instrument) (CFI) or (CFII)	<input type="checkbox"/> Certified Flight Instructor Add-On Rating (CFI Added)
<input type="checkbox"/> Airline Transport Pilot (ATP-H)	<input type="checkbox"/> Turbine Transition Course (TRB)
<input type="checkbox"/> External Load Training (EXT)	<input type="checkbox"/> (Turbine-) Time Building
<input type="checkbox"/> Flight Review (BFR) / Instrument Proficiency Check (IPC)	<input type="checkbox"/> Accelerated Training Request (optional)

CREDIT CARD INFORMATION (required)

Card Holder Name _____
 Credit Card # _____
 Expiration Date ____ / ____ CVC Code _____
 Credit Card Zip _____ Credit Card Type _____

I authorize Heli Aviation to charge the above mentioned credit card a non-refundable deposit of \$250 as an application, processing and documentation fee and agree to accept the current terms and conditions as well as Heli Aviation's company policy.

U.S. MILITARY BACKGROUND (VA applicants only)

Branch/Rank _____
 Months of Duty _____
 Last day of Duty _____

HOTEL ACCOMMODATION REQUEST (optional)

Hampton Inn Residence Inn Other (please call)

To the best of my knowledge, I certify that the information provided is true and correct. Non US-citizen must obtain a TSA clearance prior to starting training. Please attach a copy of your Passport or Birth Certificate and (if applicable) Pilot Certificate, Medical, last page of Logbook showing total times and all other relevant documentation.

X

Applicants Signature _____ Date ____ / ____ / ____ (MM/DD/YYYY)

NOTE: Only completed and signed applications are being processed.
 Forward via email to info@heliaf.com or Fax (+1) 941-355-1521.