



# (International-) 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"/> <b>Accelerated Training Request</b> (optional)

**CREDIT CARD INFORMATION** (required)

Card Holder Name \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_/\_\_\_\_ CVC Code \_\_\_\_\_  
 Credit Card Zip \_\_\_\_\_ 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.

**FOREIGN STUDENT INFORMATION** (Intl. Students only)

Has your U.S. Visa ever been cancelled or revoked? Yes  No

Are you proficient in the English language? Yes  No

Are sufficient funds available to cover all of your tuition and living expenses? Yes  No

Who is paying for your flight training? \_\_\_\_\_

What is the reason for flight training? \_\_\_\_\_

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](mailto:info@heliaf.com) or Fax (+1) 941-355-1521.