

PROFESSIONAL AVIATION TRAINING

Application for Admission

Applications may be submitted to Academy@FlightSafety.com. Please refer to the Ready to Apply Checklist for required submission documents.

Personal Information			
Full Name (first, middle, last)			
Complete Street Address			
City, State and Zip Code			
Country			
Telephone Number			
Email Address			
Date of Birth (mm/dd/yyyy)			
Place of Birth (city, state, country)			
List Countries of Citizenship			
Country of Permanent Residency			
Have you ever been convicted of a felony or misdemeanor? Please explain below.	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
I wish to begin my training on (mm/dd/yy)			
Are you a United States citizen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
Do you possess a Green Card?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
International Students: Are you applying for an M-1 or F-1 VISA?	<input type="checkbox"/>	M-1	<input type="checkbox"/>
			F-1
Domestic Students: Are you applying for VA benefits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
Are you requesting on-campus housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
Housing is assigned on a first-come, first-served basis after your application has been approved, availability is limited, and minimum age at time of enrollment is 18 years old.			
Are you interested in earning a degree in aviation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
Education – list the three most recent schools attended (high school, university, or technical).			
School	Location	Dates Attended	Diploma/ Degree

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Training Requested

<input type="checkbox"/>	Private Pilot / Pilot Preflight Course	<input type="checkbox"/>	Certified Flight Instructor (CFI)
<input type="checkbox"/>	Audit Private Pilot Academic Class – must hold private certificate	<input type="checkbox"/>	Instrument Instructor Rating (CFII)
<input type="checkbox"/>	Instrument Rating Course	<input type="checkbox"/>	Multi-Engine Instructor Rating (MEI)
<input type="checkbox"/>	ATP Certification	<input type="checkbox"/>	Fixed Wind Conversion
<input type="checkbox"/>	Commercial Pilot (Multi-Engine)	<input type="checkbox"/>	Other (please list below)
<input type="checkbox"/>	Commercial Pilot (Single-Engine)	<input type="checkbox"/>	

Ratings and Licenses

<input type="checkbox"/>	I have no previous flight experience.	<input type="checkbox"/>
<input type="checkbox"/>	I have some experience but no private pilot license.	<input type="checkbox"/>
<input type="checkbox"/>	I have a private pilot license/ foreign pilot license.	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

If you already hold a Private Pilot License, please skip this section and complete the enclosed Flight Review Form.

Flight Experience

	Total Flight Experience				Cross-Country			Night			Instrument		
	Total Time	Total PIC	Total PIC After Private	Total Dual	Total Time	Total PIC	Total Dual	Total Time	Total PIC	Total Dual	Actual	Simulator	Flight Simulator
Airplane													
Helicopter													

Medical Certification

<input type="checkbox"/>	I hold a	<input type="checkbox"/>	First Class	<input type="checkbox"/>	Second Class	<input type="checkbox"/>	Third Class FAA medical dated: (mm/dd/yy)	<input type="checkbox"/>
<input type="checkbox"/>	I have not obtained an FAA Medical to date.							

Applicant Acknowledgement

I wish to gain admission to FlightSafety Academy. My credit card payment information form and authorization letter, check, or money order in the amount of \$150.00 as an application fee and \$2,350.00 tuition deposit are enclosed. I understand that withholding information requested in this application or giving false information may make me ineligible for admission or to continue at FlightSafety Academy. I certify the above statements are correct and complete.

Applicant's Signature _____ Date _____

If applicant is under 18 years of age the following must be signed by a parent or legal guardian. The undersigned being the parent or legal guardian of the above named applicant consents to the application for admission at FlightSafety Academy.

Parent/Guardian Signature _____

Address _____

City _____ State/ Country _____ Zip Code _____

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FlightSafety Academy

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